stynully 1201 N.Mkt. St. Frederick

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IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A. Maryland INTERVAL BETWEEN ONSET AND DEATH mo PERFORMED? YES NO DE (State) (County) 1951, that I last saw the deceased PM, fram the causes and an the date stated above. DATE SIGNED (State) Maryland 24b. REGISTRAR'S SIGNATURE

e. IS RESIDENCE ON A FARM?

Day

YES NO TO

Year

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Reg. Dist. No.

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	STREET, VERN		ara-lina Associ	
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	ACTION ACTIONS	

VS A15 (4)

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MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE,	1
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		124	61	CERTI	FICA	VIE OF L	EAIH			Reg. D	ist. No		100
1. [	COUNTY FT	rederick		MARYI	LAND	2. USUAL RESI	Maryl		d lived. If institution b. COUNTY	-	nce befo		sion)
	CITY OR TOWN (II RURAL ond give ne Frederick	outside corporate lim arest town)	ils, write	Days	IN 1b	c. CITY OR	Frede		rote limits, write R	URAL ond	give ne	arest tow	n}
	or institution Frederick	Memorial	Hospi	oddress) tal		d. STREET A	DDRESS 6 Par	k Ave	nue				SIDENCE A FARM? NO X
	NAME OF DECEASED Type or print)	ARTH		Middle CYRUS		BRADLE		4. DATE OF DEATH	Mon Nov	m ember	De	'	Yeor 1958
5. 9	EX Male	6. COLOR OR RACE White	7. MARI WIDOW	RIED 🔼 NEVER MARRIE ED 🔲 DIVORCED	-	March 8,			9. AGE (In years Jost birthdoy) 54 yrs.	Months Months	R 1 YEAR Days	Hours	ER 24 HRS. Min.
	Lineman	N (Give kind of work ing life, even if retired	done 10b.	Power Compa		TRY 11. BIRTHPL	2.0	yland	ountry)	12. C	US/		COUNTRY
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	Alo	nza Bradle	У				M.	amie :	Reed				
		R IN U. S. ARMED FOI		SOCIAL SECURITY NO.	17. IN	FORMANT			Add	ress			
	No	No		214-10-5816	Mr	s. Josep	phine !	E. Br	adley-Sar	ne as	Ite	em #2	2
7	Conditions, if or gove rise to ir couse (o), stoting t lying couse lost.	TH WAS CAUSED 8Y: IMMEDIATE CAUSE (c  DUE TO  1y, which a c  nmediate the under- (c)	Co Rh	ne for (0). (b), and (c).)  registive  retic St  currentic	Ser.	t fr Least	lure dis	ific			ON	id y	nt nt
FICATION	20a. ACCIDENT WA			CONTRIBUTING TO DEA					E CONDITION GIV	EN IN PA	KI 1(0)	PERFO	AUTOPSY DRMED?
CERTIFI	OR CONTRIBUTING	CAUSE OF DEATH	200. DES	CRIBE HOW INJURY OF	LCUKKED	, (Enter nature o	r injury in re	on i or ron	i ii or iiem is.j				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	While	NJURY OCCURRED  Not while  t of work	20e. PLA foct	CE OF INJURY ( tory, street, office	Home, form, bldg., etc.)	20f. (City	or town)		(County)		(Stote)
	ACTUAL SIGNATURE	at Lattended the	19_	Chase	death	occurred of	4:30A Churc	M, from		nd on		te stat	
	PHYSICIAN'S NAME (Type)	Dr. Henry		ase		Frede	rick,	Mary.	land				
	BURIAL, CREMATION	Nov.11,1		Reformed				Fre	derick C	ounty			rland
23.	THE THE		- Ti-	ADDRESS		0 m d	24a. REC'D						
	m. H. Dec	IITZOII @ 20	II, LI	rederick, M	ery L	and	DATE NO	V 1 3 "	58 C.	when a	1. The	W.	

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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12462

Reg. Dist. No.

2462	CERTIFICATE	OF	DE

1.	o. COUNTY Free	derick		MARYL		o. STATE Mary	E (Where decease Vland	d lived. If instituti b. COUNTY	on: Reside	nce befo	re admiss	sion)
	b. CITY OR TOWN (IF RURAL and give nec Frederick	outside corporate limi orest town)	ts, write	c. LENGTH OF STAY IS	N 16	-	(If outside corporate derick	orote limits, write R	URAL ond	give ne	prest town	n)
	d. NAME OF HOSPITA OR INSTITUTION 700 North	AL (If not in hospital, glarket Stre	ive street	oddress)		d. STREET ADDRES		uth Stree	et			SIDENCE FARM? NO
3.	NAME OF DECEASED (Type or print)	EML		Middle CATHERIN	Œ	BURCK	4. DATE OF DEATH	Mor	ember	25	,	Yeor 1958
	SEX Female	6. COLOR OR RACE White	7. MAR	RRIED NEVER MARRIED		Jan 1871	4	9. AGE (In years last birthday)	IF UNDE Months	R 1 YEAR Days	Hours	ER 24 HRS. Min.
10	during most of working House-wor	ing life, even if retired	)	. KIND OF BUSINESS OR	INDUSTR	Maryla		country)	12. CI	USA	F WHAT	COUNTRY
13	FATHER'S NAME Lewis E.	Burck				4. MOTHER'S MAID						
15.	WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give war or dates of s		SOCIAL SECURITY NO.	Mrs.	May Hari	rington	(Same as		#2)		
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  y, which mediate	, ,	ypertin	a	-, arte	no 306	irosi.	4		ERVAL BE	
CERTIFICATION	lying couse lost.	) (c ER SIGNIFICANT CON		CONTRIBUTING TO DEAD	TH BUT NO	T RELATED TO THE T	ERMINAL DISEAS	SE CONDITION GIV		RT 1(o) 1	PERFC	AUTOPSY PRMED? NO
MEDICAL CE	(IF EITHER, NOTIFY A 20c. TIME OF INJURY Hour o. m. p. m.	MEDICAL EXAMINER)	or 20d. I While of wo	Not while	20e. PLACE foctor	OF INJURY (Home,	form, 20f. (Cit	y ar town)		(County)		(Stote)
	ACTUAL SIGNATURE	3 Thomas	, 19	5 B, and that a		. 195/, to corred at 7:1 228 N. M	ADDRESS (S Market S	treet, city or town.	and on t	last so	te state	deceased ed abave ATE SIGNED 28–58
220	BURIAL, CREMATION REMOVAL (Specify) BURIAL	226. DATE THEREC	)F	22c. NAME OF CEMET Mount Oliv				TION (City, town, o	,,	nd	(Stot	e)
23.	M. R. Etch		ı, Fr	rederick, Ma	rylar		NOV 2 8		STRAR'S SI	GNATUI FARA	RE	YET

TO HOSPITAL OR VS A15 (4) 15M 10/57

	PE GIFDEATH:	O SERTIFICATE OF DEATH.				
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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12464

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CERTIFICATE OF DEATH

	16464	<u> </u>	0. 02		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Frederick	MARYLAND		Vhere deceased lived. If institutional b. COUNT	ution: Residence before admission)  IY Frederick
b. CITY OR TOWN (I RURAL ond give no Frederick		c. LENGTH OF STAY IN 16 7 Years		outside corporote limits, write	RURAL ond give nearest town)
d. NAME OF HOSPIT OR INSTITUTION 118 Water	AL (If not in hospital, give stre Street		d. STREET ADDRESS	er Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First GLENNA	Middle	COWELL	OF.	vember 4, 1958
5. SEX Female	9275 6 1	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH July 30, 189	9. AGE (In year lost birthdoy) OO yr	rs   IF UNDER 1 YEAR IF UNDER 24 HRS   Months   Days   Hours   Min.
during most of work	(ing life, even if retired)	b. KIND OF BUSINESS OR INDI Dress Factory		le or foreign country) Test Virginia	12. CITIZEN OF WHAT COUNTS
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Arthu	r W. White	AND A SECTION	Sara	h M. Miller	
	(If yes, give wor or dates of service)		rs. Arlena M.	Shafer-Same a	as Item #2
	TH (Enter only one couse per TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	tine for (o). (b). and (c).]	ace lun	-	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if or gove rise to it couse (o), stoling lying couse lost.	mmediote (	*	)		-
PART II. OTH		S CONTRIBUTING TO DEATH BU			PERFORMED?  YES \( \text{ NO } \)
THER, NOTIFY	MEDICAL EXAMINER)		LACE OF INJURY (Home, for		(County) (State
ZOC. TIME OF INJUR Hour o. m. p. m.	Whi		octory, street, office bldg., e	tc.)	(Coomy) (Siere
alive an	at I attended the deceded 19			P.M. from the causes ADDRESS (Street, city or town Saints Street	
SIGNATURE PHYSICIAN'S NAME (Type) Dr	. U. G. Bourne		.m.v.	k, Maryland	
220. BURIAL, CREMATIO REMOVAL (Specify) BUT181.	Nov. 8, 1958	Mount Olivet		22d. LOCATION (City, town,	
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS			GISTRAR'S SIGNATURE
M. R. Etch	ison & Son, Fr	ederick, Maryl		NOV 1 0 '58	arthur & Hayes

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and campletely filled it by the funeral director, page 3 sh

be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 a should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 10/57

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	IOR: After this certificate hos been signed by the ottending physicion ond campletely filled 🔏 by the funeral directo	detached for use as the buriof-transit permit. Then please remove corban papers. Pages 1 or should be filed wi	M
	y filled 1 by th	ages 1 o	1
	n and campletel	rban papers. P	ter death.
	inding physicion	ease remove co	hin 72 hours of
	ined by the otte	bermit. Then pl	n any event wi
y the hospitol or offending physicion.	ate hos been sig	buriof-transit p	to buriol, cremotion, ar remavol, and in any event within 72 hours ofter death.
spitol or offend	ter this certification	d for use os the	l, cremotion, a
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TO HOSPITAL OR ATTENDING PHY	may be retained by the hospital or	ECTOR: After this	page 3 sh be detached for use
TO HOSPITAL OR	may be retoined	TO FUNERAL PUR	page 3 sh
1	5M	A15	) (4 )/5

		MARYL 1246		STATE DEPA		ATE OF E			TIMORE, 1	Reg. Di		124	165
1.	PLACE OF DEATH o. COUNTY Fr	ederick		MAR	YLAND	2. USUAL RESI		ere decessed	d lived. If instituti d. b. COUNTY	-	ce before		on)
	b. CITY OR TOWN (If RURAL and give new Frederick	outside corporate fimiliarest town)	ls, wrile	c. LENGTH OF STAY		c. CITY OR			rote limits, write R -Rural-R		11 -	rest town	1
	d. NAME OF HOSPITA OR INSTITUTION Frederick	Memorial I				d. STREET A		ourt-N	ear Fred	erick			PARM?
1	NAME OF DECEASED (Type or print)	Fin CLAI	JDE	MEBI	В	DAVI		4. DATE OF DEATH	Nove		Day		958
5.	Mal e	6. COLOR OR RACE White	7. MARR		-	8. DATE OF BIRT		14	9. AGE (In years last birthday) yrs.	IF UNDER Months	1 YEAR Doys	Hours	R 24 HRS. Min.
	Welder-Med	ng life, even if retired)		ad Constru				ar foreign co aroli		12. CIT	USA		COUNTRY?
		am B. Daves				14. MOTHER'S			ughridge				1
	WAS DECEASED EVER	IN U. S. ARMED FOR f yes, give wor or dates of se NO	ervice)	SOCIAL SECURITY NO 45-07-0181		rs. Mabel	LH.D	aves-	Same as		#2		
		mediate (	el	Mouix		mens coliple	·				ONSE	RVAL BET AND	DEATH
IFICATION		ER SIGNIFICANT CON		ONTRIBUTING TO DE						EN IN PAR	T 1(a) 19	PERFO	AUTOPSY RMED? NO 1
MEDICAL CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A 20c. TIME OF INJURY Hour o. m. p. m.		or 20d. In While	NJURY OCCURRED  Not while	20e. PL	ACE OF INJURY (	Home, form,	20f. (City		(0	County)		(State)
21. I certify that I attended the deceased fram. 114. 1854, to 11.7., 19.58, that I last saw the deceared alive an 19.58, and that death accurred at 5:50P M, fram the causes and an the date stated about								d abave. TE SIGNED					
-	BURIAL, CREMATION REMOVAL (Specify)	Nov .8 . 19		22c. NAME OF CEM	ETERY O	R CREMATORY		22d. LOCAT	ION (City, town,	2.7	orth	(Stote	olina
23.	M. R. Etc	signature chison & Sc	on, F	rederick,	Mary	rland	24a. REC'D	BY REGIST		STRAR'S SIC			

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opis or to a live of					

VS A1S (4) 1SM 9/55

1	1. PLACE OF DEATH Treducto MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE b. COUNTY
/	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Practices Hyper Reveal 7 MONTHS	c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (Il not in hospital, give street address) OR INSTITUTION Windows Conv. + Put Tana	d. STREET ADDRESS  111 W, 3 S S S S S S S S S S S S S S S S S S
	3. NAME OF DECEASED (Type or print) Roger Aidele	Death Nov. 18 1958
	WIDOWED DIVORCED	B. DATE OF BIRTH  9. AGE (In years lost birthdoy)  Wanths Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired)  Change of Dept Store  13. FATHER'S NAME	11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY:
	Loop Tev, Joseph Woll	ann Wysong
1	15. WAS DECEASED EVERAN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Mrs. Eva S. Dall
	PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO	Carre singlering
	Canditians, if any, which gove rise to immediate costs (a), stating the underlying cause last. (b)	
0	Sembly & exchanston	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO Z
		D. (Enter nature of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40 for 19 20d. INJURY OCCURRED 50d for 19 20d. INJURY OCCURRED 60d work 20d at w	ACE OF INJURY (Home, farm, 20f. (City or tawn) (Caunty) (State) tory, street, office bldg., etc.)
1	21. I certify that I attended the deceased fram Barl 11 alive an Pur 17, 1954, and that death  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	accurred at 1 2.16 M, from the causes and an the date stated above  ADDRESS (Street, city or town, state)  DATE SIGNEY  M.D.  M.D.
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF SEMOVAL (Specify): 11/20/38 Prof. OC	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)  Fre Closech Md
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	MG DATEON 2 1 '58 CITCHUM & KNOWN

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 A CONTRACTOR OF THE STATE OF TH				
	thouse.			

the registrar

VS A1S (4) 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
124:14 CERTIFICATE OF DEATH

12494

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	REDERIC	# MARYLA	II O VIAIT	SIDENCE (When	re deceased lived	If institution: Resid		
	outside carporate limits, write		1b c. CITY O	R TOWN (If out	Side carporate lin	nits, write RURAL or		own)
RURAL ond give ne		5 Tweek	- 1	2	DOCH	14810-17		
d. NAME OF HOSPIT	AL (If not in haspital, give street	et address)		ADDRESS	Correct	)	e. IS	RESIDENCE
OR INSTITUTION	ONA CONUM	LESCENT HE	mE Ja	FFFER	50 N	BLVD		NO NO
3. NAME OF DECEASED (Type or print)	Florence	Middle	1)	ost	4. DATE OF DEATH	Month No.	Day	Yeor 1959
5. SEX		RRIED NEVER MARRIED		No. Company of the Co	9. AG	E (In years IF UND	ER 1 YEAR IF UN	
F	W WIDO	WED DIVORCED	TAN	11 18	85	birthday) Month	s Days Hau	rs Min.
10a. USUAL OCCUPATIO	N (Give kind of work done 10	b. KIND OF BUSINESS OR I	NDUSTRY 11. BIRTH	PLACE (State or	foreign country)	12.	CITIZEN OF WH	AT COUNTRY?
House	ing life, even if retired)	none		lbany N	V.Y.		U.S.A	
13. FATHER'S NAME			14. MOTHE	S MAIDEN NA	ME			
Perci	val Hounslow		Ma	argaret	Creed			
S. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO.	17. INFORMANT			Address	Heights.	Md.
(Yes, no, or unknown)	If yes, give wor or dates of service)	34-655-452	Mrs. Ch	arles N	linarik	Jefferso		
PART I. DEA  Conditions, if an gave rise to it cause (o), stoting lying cause lost.  PART II. OTH  PART II. OTH  20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY  10b. TIME OF INJUR! Hour o. m. p. m.	DUE TO  (c)  S UNDERLYING   20b. DI  AUSE OF DEATH MEDICAL EXAMINER)  ( Month, Day, Year 20d. Whi	Cerebral  Cerebral  Cerebral  SCONTRIBUTING TO DEATH  ESCRIBE HOW INJURY OCC  INJURY OCCURRED  Not while of work   20	URRED. (Enter nature le. PLACE OF INJUR foctory, street, of	of injury in Po ( (Home, farm, ice bldg., etc.)	at Disease CON  It I or Port II of i  20f. (City or low	tem 18.)	ONSET AI  Y 09  ART 1(a) 19. WA PER YES  (County)	AS AUTOPSY FORMED? NO (State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	J-7 Wd	erlien	M.D	225	MMG	alect SV	fiseCer	ethet
220. BURIAL CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETE	RY OR CREMATORY	2	2d. LOCATION (	Lity, tawn, or county	r) (S	tate)
Shipment	Nov.6.158	Springfie	ld, Mass.		Spring	field,	Mass	•
23. FUNERAL DIRECTOR	10/2 / 10-10	ADDRESS Frederick, 1		24a. REC'D	BY REGISTRAR 1 0 '58	24b. REGISTRAR'S		
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	124	166	CERTIFICA	ATE OF DEATH		Reg. Dist. No.	12468
	1. PLACE OF DEATH O. COUNTY  FREDERIC	K	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MAR	ere deceased lived. If institution YLAND b. COUNTY	en: Residence before	e admission)  0 LL
	b. CITY OR TOWN (If outside corporate RURAL and give nearest tawn)  FREDERICK	limits, write c. LENG	TH OF STAY IN 16	c. CITY OR TOWN (IF at	utside carporate limits, write RL	JRAL and give near	rest town)
	d. NAME OF HOSPITAL (If not in hospite OR INSTITUTION MEMORIAL	HOSPITA	_	d. STREET ADDRESS	,	e	ON A FARM? YES NO Z
	3. NAME OF DECEASED (Type or print)	First	Middle	ECKER	4. DATE Mont OF DEATH NOV	h Day	Yeor 6 1958
	5. SEX F 6. COLOR OR RAI	WIDOWED	DIVORCED 🔲	B. DATE OF BIRTH MAY 3-1887	9. AGE (In years lost birthdoy) 7 yrs.	Months Doys	Hours Min.
1	10a. USUAL OCCUPATION (Give kind of wo during most of working life, even if reti	ork done 10b. KIND OF ired)	HOME	STRY 11. BIRTHPLACE (Stote of MARY)	or foreign country) AND	12. CITIZEN OF	WHAT COUNTR
1	SAMUEL	FOGLE		CELIA	HORTON		
	(If yes, give wor or dotes		ECURITY NO. 17. 1	NFORMANT ORENCE S	MITH MIL	DLEBU	RG IN
	18. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED B IMMEDIATE CAUSI	Y: Carc	(b), and (c).]	of rectum			RVAL BETWEEN ET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b)					
	PART II. OTHER SIGNIFICANT CO  904.0 FOULTH P  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEAL  (IF EITHER, NOTIFY MEDICAL EXAMINE	FEMILIAL	PECK .	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE		PERFORMED?
		THI ~	INJURY OCCURRE	D. (Enter nature of injury in Pa	ort I or Port II of item 18.)		415
	20c, TIME OF INJURY Month, Day, Hour o.m. Sept, 9 1		while for	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town) Middlebur	(County)	(Stole)
	21. I certify that I attended to		4		.M, fram the causes at		
	ACTUAL MUNICIPALITY SIGNATURE MUNICIPALITY	E hou	and indi dedin		Church 57		e stated abav DATE SIGNE
	PHYSICIAN'S Melyin	E-Le	a Mil	). Frede	erick, M	di	
2	20. BURIAL, CREMATION, 225. DATE THE		ME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or		(Stote)

24b. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAR

VS A15 (4) 15M 10/57

NERAL DIRECTOR'S SIGNATURE

THE PERSON NOT THE		
HIASO TO STA	187	
		11.15
	SMETA	

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MARYLAND	STATE DEPAR	TMENT OF	HEALTH-BALTIM	ORE, 18

12495 CERTIFICATE OF DEATH

Reg. Dist. No.

4.72.11	Reg. Dist. No.
PLACE OF DEATH G. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY
- FREDERICK	MARYLAND FREDERICK
b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
WIBERTYTOWN YEARS	HIBERT YTOWN
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) MARY GENEVIEVE (	GARDNER DEATH NOV. 2/ 1958
6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS.  1   1   1   1   1   1   1   1   1   1
FEMALE WILLE WIDOWED DIVORCED	3/17/1874 (ast birthdoy) Months Doys Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF, WHAT COUNTRY?
HOUSEKEEPER AT HOME	MARYLAND US.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
THOMAS DAVIS	CAROLINE B. WINTHICUM
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
NO NO NONE PA	PANKITCHARDINER MT. AIRY MA.
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORRELACE	aca eller she on ONSET AND DEATH
422.2 DUE TO	/ 1
Conditions if any which	
gove rise to immediate	
couse (o), stoting the under- fying couse lost.	
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED?  YES NO
OR CONTRIBUTING ELI CAUSE OF DEATH	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work 19 of work 19	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the deceased from 11-4-	1958, to 11-61- 1958, that I last saw the deceased
alive an 11-21- 1958 and that death	accurred at 5.150 P.M. from the causes and an the date stated abave.
4 / 1	ADDRESS (Street, city or town, stote) • DATE SIGNED
ACTUAL SIGNATURE ON TREGG	MD. Pleeser Dridge Myd 11-22-5
PHYSICIAN'S T. H. LIE G. G. M.D.	
20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CREMOVAL (Specify) 1/123/58 FAIRMOUN	TO CREMATORY 22d. LOCATION (City, town, or county) (State)
S-FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE NOV 2 5 '58  Anthrop S. Krand
so the tens, will our	JULY DAILIEU & O CO CONTROL & TUNNA.

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VS A1S (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12467

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

- 2									
1	PLACE OF DEATH a. COUNTY Frederi	ck	MARYLAND	2. USUAL RESIDENCE (	Where deceased liv	ed. If institution b. COUNTY	reder		on)
-	b. CITY OR TOWN (If autside co RURAL and give nearest town)	rporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		limits, write R			
	Frederick		4 Months	// Frederick					
	d. NAME OF HOSPITAL (If not in or institution 56 Lincoln A)	hospital, give street	address)	/ d. STREET ADDRESS 56 Lincol				e. IS RESII ON A YES	FARM?
3	DECEASED	First a Lee L	Middle uckett Gibson	Lost	4. DATE OF DEATH	Nov.	th Do		eor 9 58
-	- 011						Le comes à Vers		,
	sex 6. color Female Color		RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH		AGE (In years last birthday) 55 yrs.	Manths Days	Hours	Min.
ī	Oa. USUAL OCCUPATION (Give kinduring most of working life, even	nd of work done 10b	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (St	ate ar fareign count	7)	12. CITIZEN C	F WHAT	COUNTRY?
	Domestic	en if retired)	<del>3000000000000000000000000000000000000</del>	Charles-t	own, W.Va	a.			
13	3. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME				
П	William Luck	ett		Mary Will	iams				
1.	S. WAS DECEASED EVER IN U. S. A	RMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT		Addr	ess		
L	Yes, no, or unknown) [If yes, give we	or or dates of service)	None De	lla Gibson -	- 56 Linco	oln Apt	s. Fred.	Md.	
	18. CAUSE OF DEATH [Enter PART I. DEATH WAS CA	11/	ine for (a). (b). and (c).]	not Tes	culus	Desser		ERVAL BET	
	442X	DUE TO						,	
	Canditians, if any, which gave rise to immediate	(b)							
	lying cause last.	(c)							
3	PART II. OTHER SIGNIFI		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TEL	RMINAL DISEASE CO	ONDITION GIV	EN IN PART 1(a)	9. WAS A PERFOR	UTOPSY MED?
13								YES 🗌	
ACITA DISTRES		ING   20b. DES OF DEATH XAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury	in Part I ar Part II (	of item 18.)			
AACOICAL	20c. TIME OF INJURY Manth, Haur a. m. p. m.	While		ACE OF INJURY IHome, foctory, street, affice bldg.,	orm, 20f. (City or etc.)	tawn)	(Caunty)		(State)
	21. I certify that I atte	nded the deceas	sed fram. 10 - 2	, 1955, to_	11-1	. 1955	,that I last so	w the c	deceased
	alive on		5 , and that death	accurred at 2:30				-	
	ACTUAL SIGNATURE MG	Bru	me of	M.D. MI C	ADDRESS (Street	Bas	state)	A DA	TE SIGNED
	PHYSICIAN'S U.G. BOL	ırne Jr.	1	30 W. A	Il Saints	s St. F	rederick	Md.	
2	20. BURIAL, CREMATION, 226. DA	ATE THEREOF	22c. NAME OF CEMETERY C	R CREMATORY	22d. LOCATION	(City, town, o	r county)	(State)	
	Burial Nov	5-58	St. Johns		Frederi	ick, Md			
	3. FUNERAL DIRECTOR'S SIGNATU		ADDRESS	24a. Ri	EC'D BY REGISTRAR		TRAR'S SIGNATUR	RE .	
L	Charles E. Hicks	Ill Fre	derick, Md.	DATE	NOV 7 '58	Cin	i'm & tra	u.A	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/55

ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
12496	CEDTIEICATE	OF DEATH	

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CERTIFICATE OF DEATH

		Tisting	CERTIFICA	AIE OF DEAT		Reg. Dist	. No.	
1. PLACE OF DE. a. COUNTY	Freder	ick	MARYLAND	2. USUAL RESIDENCE (V o. STATE		f institution: Residence	before admissi	on)
	OWN (If outside corpor give negres) town)	t.md 1	72 dous	XRUFAL	outside corporate limit	Kers VI	LLE	
OR INSTITU	HOSPITAL (If not in ho	spital, give street oddress	Lospital	d. STREET ADDRESS	te I	_	e. IS RESI ON A YES	FARM?
3. NAME OF DECEASED (Type or print)	Harv	First	Middle	4ilmare	4. DATE OF DEATH	Month		958
male	6. COLOR OR Color	RACE 7. MARRIED WIDOWED	DIVORCED	8. DATE OF BIRTH 5-18-189	96 P. AGE loss 6		YEAR IF UNDER	R 24 HRS. Min,
during most	UPATION (Give kind of working life, eyen if	f work done 10b. KIND (	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SIGN	te or foreign country)	Fre	derick	COUNTRY LLS
3. FATHER'S NA	i iah «	Tilmore		AAA V	NAME Bra	oks		
15. WAS DECEAS	SED EVER IN U. S. ARM		SECURITY NO. 17. 1	NFORMANT Crace	Jard Sup	Address T Frederi	ch Cour	E, Ch
PART 33/2 Condition gove rise	I. DEATH WAS CAUSI IMMEDIATE Constitution of the constitution of t	ane couse per line for (c ED 8Y: AUSE (o) C 4 9 DUE TO (b) DUE TO	o). (b). ond (c).]  Fral A  Prus Tol	Cerrin	afr.		INTERVAL SET ONSET AND	
5				NOT RELATED TO THE TER			1(a) 19. WAS A PERFOR YES	MED?
OR CONTRIB	ENT WAS UNDERLYING BUTING   CAUSE OF NOTIFY MEDICAL EXAM	DEATH MINER)	OM INJURY OCCURRE	D. (Enter noture of injury is	n rort I or rort II of He	m te.j		
20c. TIME OF Hour		ay, Year 20d. INJURY ( While N at work of	ot while for	ACE OF INJURY (Home, for ctory, street, office bldg., e		(Co	ounty)	(Stote)
21. I certi	ify that I attende	d the deceased fro		1955, 10		19.12, that I lo		
alive on_	nou 4	19.58	, and that death	occurred at 9/55	ADDRESS (Street, city	auses and an the	date state	d abave
ACTUAL SIGNATURE		Theri	4	M.O	Freeu	on h	1 760	11-
PHYSICIAN'S NAME (Type		F. Kline	1					
BREMOVAL IS	Specify) 11-8	-58	FAITVIE	R CREMATORY	122d LOCATION (C)	orick-	/ (Stote	
23. FUNERAL DIR	ECTOR'S SIGNATURE	CKETH A	DORESS	- N 240. REG		arthur & H		

	HTARO	CERTIFICATE OF	S. MILEX		
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	Maria de April 1980 de				

# TE EPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the fugeral director. Page 4 shauld convorded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Store Stored of Health, are its designated agent, prior to burial, cremation, or removal, and in any creet within 72 hours after death.

VS. A15ME 5M 2/57

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, 18. Give Poges 1, 2, and 3 to the funeral director. Page	vor files.	of Heolth,	1	H
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ind 3 i	5 mol	2 wit	hours	
1, 2, 0	Poge	1 and	hin 72	
Poges	PM3.	poges	A will	
Give	h form	File	men	
130	g wif	ermit.	d in o	-

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12431					Reg. [	Dist. No		
1. PLACE OF DEATH COUNTY Frederick	WARYLAND	o. STATE Mary		ed lived. If institu b. COUNTY	9000			
b. CITY OR TOWN   If outside corporate limits, write SURAL c. LENGTH OF Sund give recrest fown)  Jefferson R. F. D.	STAY IN 16	c. CITY OR TOWN (IF		F. D.	RURAL on	nd give n	neorest to	own)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street o	oddress)	d. STREET ADDRESS					ON	RESIDENCE I A FARM?
3. NAME OF DECEASED (Type or print) William First Midd Melv		Goff	4. DATE OF DEATH	Month		Day		Yeor 19 58
5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MA    Male   White   WIDOWED □ DIVOR		DATE OF BIRTH 12/28/1908		9. AGE (In years lost birthday) 49 yrs.	Months	Doys	Hours	DER 24 HRS. Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  Laborer  Motor Gra		Virginia		ountry)	12. CI1		S.	A.
13. FATHER'S NAME  R. W. Goff		14. MOTHER'S MAIDEN N		m				
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  [Yes, na, or unknown]  [If yes, give war or dates of service)  719-14-0				Address	rsi	m i	RA	T
18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Pneumonia-		r right lo	be	116			ET AND DE	
Conditions, if ony, which gove rise to immediate cause (e), stating the underlying cause last.  Conditions, if ony, which (b) Cirrhosis  BUE TO  Congestive						1 2	yr.	plu
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO I					EN IN PAI			AUTOPSY DRMED? NO
	CCURRED. (En	iter nature of injury in Part	f or Port II o	of item 18.)				
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work at work		E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City	or fown)	(Co	iunty)		(State)
21. I certify that I took charge of the remains descr opinion death resulted from: Natural causes A		-	_	spection <b>3</b> , Undeter		ry 🔽	promp.	nd in my
SIGNATURE BOOMS	_	_M.D. CHIEF MEDICAL EX	AMINER [				DATE	SIGNED
EXAMINER'S B. O. Thomas, M. D.		ASSISTANT MEDICAL E						
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CIRCLE BURIAL II-2I-58 Mt. H	EMETERY OR C		22d. LOCAT	ord Cou	county)	iro	(Sioi	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			BY REGISTI	PAR 24b. REGIS	trar's si	GNATUI	RE	

( RC181 - P	AT OR REALISH THE OR DEATH			No.
		III A JOSEPH CONTRACTOR AND A	TUESIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DE LA COMPANIA DE LA COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DE LA COMPANIA	100
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Frederick

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Doys

(County)

. IS RESIDENCE

ON A FARM?

YES NO X

Yeor

19

Marylar

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO 12-

(Stote)

DATE SIGNED

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A4 Thornton Texton

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VS. A15ME(5) 5M 9/55

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12499 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12475

Reg. Dist. No.

	PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	o. COUNTY FR	EDERIC	K	MARYLAND	O. STATE MARYLAND b. COUNTY FREDERICK
	b. CITY OR TOWN (II	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	INIGN RI	PIDAE A	PERAL	VEARS	XIINIAN BRIDGE PURAL
			If not in hosp	pital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
					ON A FARM? YES \( \sum_{NO} \)
=	NAME OF			Middle	
	DECEASED	Fir	N D	middle	Lost 4. DATE Month Day Year OF
_	(Type or print)	2)	170	OY GRO.	SSNICKLE DEATH NOV 12 1938
5. :	SEX	6. COLOR OR RACE	7- MARRIE	D ANEVER MARRIED	3. DATE OF BIRTH  9. AGE (In years left UNDER 14 RS.  South birthday)  Mpnths Days Hours Min.
	17)	W	WIDOWED	DIVORCED	TULY 2.3-1892 66 yn.
10c	usual Occupation	N (Give kind of work	done 10b. K	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	FARME	P.	160	N FARM	MARVIANA 1118A
13.	FATHER'S NAME	/			14. MOTHER'S MAIDEN NAME
1	MAIL	- R PR	220	NICKIE	ANNIE STANED
15.	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16. S	SOCIAL SECURITY NO. 17.	NFORMANT Address MID
	s, no, or unknown)	(If yes, give war or dates of	service)	1 22 Onto	MANNA PRICENIONIE INIIN ROIN
	NO		54.4	5-22-82/4VII	MANDE GROSSINICALE UNION DIVIDE
		H [Enter only one cau	se per line f	or (o), (b), and (c).	INTERVAL BETWEEN ONSET AND DEATH
	PARI I. DEAI	H WAS CAUSED BY: MMEDIATE CAUSE (o)		rovery (	allunor nin.
	4-20.1	DUE TO			
	Conditions, if an	y, which) (b)			
	gove rise to immed	> Due yo			
	(o), stoling the u	nderlying (c)			
z	PART II. OTH			NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
CATION					PERFORMED?
5	DO- EVERNIAL CALL		DESCRIPTION OF		YES NO
CERTIF	PRIMARY OF CON CAUSE OF DEATH.	TRIBUTING	DESCRIBE	HOW INJURY OCCURRED. (	Enter nature of injury in Port I or Part II of item 18.)
1 .					
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yea	or 20d. If While	for	CE OF INJURY (Home, form, i 20f. (City or town) (County) (State) large, street, office bldg., etc.)
MEC	Hour o. m. p. m.	19	of wor	titol wille	
	21, 1 certify th	at I taak charge	af the re	emains described abo	eve, held an Autapsy , Inspection , Inquiry , and find that
	death resulted	fram: Natural	couses T	7. Accident $\square$ . Su	icide □, Homicide □, Undetermined cause □.
			- 7	ή,ασισσιι <u>Π</u> , σσ	cide
	ACTUAL V		M.	4 1	DATE SIGNED
	SIGNATURE	CIEX S	- rea	THE N	_M.D. CHIEF MEDICAL EXAMINER
	EXAMINER'S	T	1	11	ASSISTANT MEDICAL EXAMINER   ////2/
	NAME (Type)	JAMES		MARSH	DEPUTY MEDICAL EXAMINER
220	REMOVAL (Specify)	1, 22b. DATE THEREC	F	22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCATION (City, town, or county) (Stote)
17	DURIAL	11/15/	58	BEAVER D	AM FREDERICK CO MO
23.	FUNERAL DIRECTOR	SIGNATURE /		ADDRESS /	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	VIV HAST	NOG VINE	101/	Luin Bridge	e Med DATHOV 1 7 '58 arting S. Krous
1	111100			TELETY SELLING	

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	169	D3	CERTIF	CAII	COFD	EAIF			Reg. D	ist. No.		
1. PLACE OF DEATH  o. COUNTY  F:	rederick		MARYLA	- 11	o STATE	Mary.		lived. If instituti b. COUNTY			re odmiss rick	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Frederick			c. LENGTH OF STAY IN	116	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Frederick							)
d. NAME OF HOSPIT OR INSTITUTION 519 Nor	AL (If not in hospitol, the Bentz St	give street treet	oddress)		d. STREET AD 519 N		Bentz	Street			e. IS RES	FARM?
3. NAME OF DECEASED (Type or print)	Sa	, -	Middle KENNY		Hardin	49	4. DATE OF DEATH	Mor		2		Year 1958
s. sex Female	6. COLOR OR RACE White	7. MARR	NEVER MARRIED  DIVORCED	_	ne 20,	1906		AGE (In years last birthday) 52 yrs.	Months Months	R 1 YEAR Doys	Hours	R 24 HRS. Min.
10o. USUAL OCCUPATION during most of work House-Wi	cing life, even if retired	)	KIND OF BUSINESS OR  Domestic	INDUSTRY	11. 8IRTHPLA	CE (Stole	or foreign cou	untry)	12. CI	USA		COUNTRY
13. FATHER'S NAME				14	. MOTHER'S A	AAIDEN N	IAME					
	Christophe	r B. 1	West			Sal	lie Ye	ager				
15. WAS DECEASED EVE [Yes, no. or unknown)	R IN U. S. ARMED FOI (If yes, give wor or dates of NO	CES? 16.	SOCIAL SECURITY NO.	Mr.		в. н	arding	,SrSan		Ite	m #2	
PART I. DEA  4 20. 1  Conditions, if o gove rise to i couse (o), stating lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  ny, which (t) mmediate	o) o)	Acute Corona	Mily	scle	ca(	in fa	retru		INT ON:	ERVAL BE SET AND 10 Mg	TWEEN DEATH, INUTA
200. ACCIDENT WA			CRIBE HOW INJURY OCC						VEN IN PA	RT 1(o) 1	PERFO	AUTOPSY RMED? NO 🔼
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	or 20d. It While at worl	_ Not while_	De. PLACE ( factory,	OF INJURY (He street, office I	ome, form, bldg., etc.	, 20f. (City o	or town)		(County)		(State)
ACTUAL SIGNATUREPHYSICIAN'S	of I attended the	Je	ber Cum			11.45	AM, fram	the causes of the cause of	and an i	the do	te state	
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THERE	)F	22c. NAME OF CEMETE					ON (City, town,	or county)	27.	(State	
Burial  23. FUNERAL DIRECTOR	Nov.26.	1950	Mount Oli	vet C				derick,		-	ylan	a
		Trans	ADDRESS	erl and		MO	V 2 6 5	AR 24b. REGI	STRAR'S SI	- / VINA	AA.	

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 w the funeral directar, D FUNERAL TRECTOR: After this certificate has been signed by the attending physician and campletely filled to page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 as the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours after death. may be retained by the hospital ar attending physician.

VS A1S (4) 15M 10/S7

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Thurmont

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12477

. IS RESIDENCE ON A FARM? YES NO X

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19

Frederick

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

U.S.A.

(County)

arthur & Kraus

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO DE

> > (Stote)

DATE SIGNED

(State)

Maryland

Reg. Dist. No.

Raymond E.

	TE, OF DEATH	- CERTIFICA	anas lei	
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		n interest 100	Og-DI-L	

O.

Reg. Dist. No.

		ACE OF DEATH COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE ( o. STATE	Where deceased	lived. If institution b. COUNTY	773	deric	
		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) $\c{cderick}$	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	If outside corpor				
9	d.	NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS		JOO WII		ON	SIDENCE A FARM?
-	3. NA	AME OF First CEASED ype or print)	Middle	1. Charl	4. DATE OF DEATH	Mon	th	Day	Year
	\$. SE)	911411	RIED NEVER MARRIED 7	8. DATE OF BIRTH		9. AGE (In years lost birthdoy) 79 yrs.	-	YEAR IF UND	7
	10a. l	USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) arm owner.		Maryland	i e	1 /	12. CITIZ	EN OF WHA	T COUNTRY?
	13. †A	Joseph C. Huffer		Annie M.		er			
		AS DECEASED EVER IN U. S. ARMED FORCES? 16 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		irs. Themas		Add	iddle	town,	Md.
		B. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate cause (o), stoting the under lying couse lost.  (c)	ine for (a), (b), and (c).] e re byal le  yher fen sive	cardio pasc	ge inlar d	isea se		INTERVAL E ONSET AN 3 W	
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS  200. ACCIDENT WAS UNDERLYING   20b. DE	CONTRIBUTING TO DEATH BUT				EN IN PART	1(o) 19. WAS PERF YES	ORMED?
		Hour o. m. While		ACE OF INJURY (Home, fo	orm, 20f. (City	or town)	(Co	ounty)	(Stote)
	AS	21. I certify that I attended the deceardive on Nov. 7, 19.  ACTUAL Raph L. Michature Raph Raph L. Michature Raph Raph L. Michature Raph Raph L. Michature Raph Raph Raph Raph Raph Raph Raph Raph	per la			the causes of eel, city or town, exter	ind on the	date sta	deceased ded above. OATE SIGNED
	7 6	BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify) DUPLAL 11/10/195	22c. NAME OF CEMETERY O	er CREMATORY		lon (City, town, o	or county)	(Ste	ote)
		uneral Director's signature adhill Company, Mid	ADDRESS dletown, Md.		EC'D BY REGISTE		STRAR'S SIGN	MATUREMA	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 by the funeral director, may be recovered by the haspital ar attending physician.

D FUNER TRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 stand be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar priar to burial, crematian, ar removal, and in any event within 72 hours after death. TO FUNER VS A15 (4) 15M 9/SS

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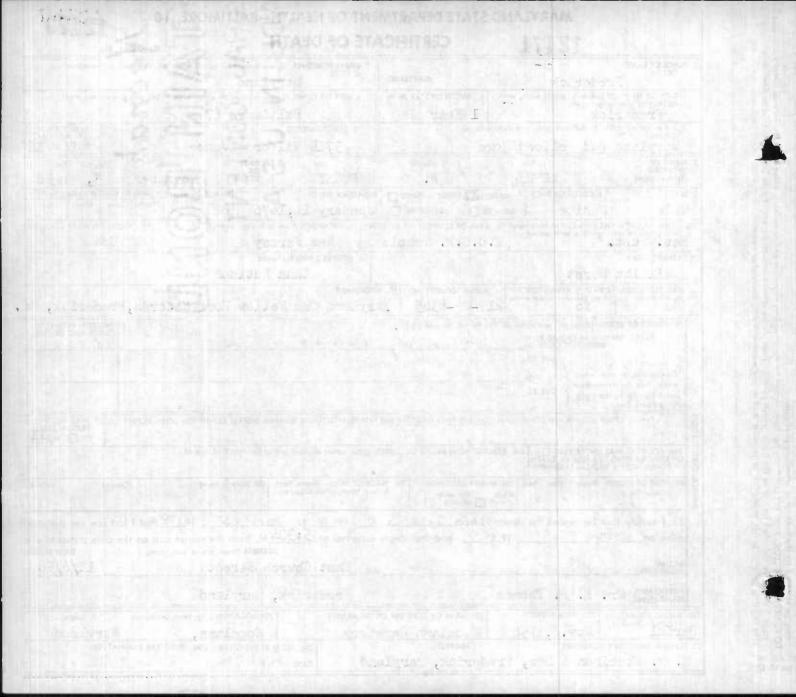
VS A15 (4) 15M 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12479

		1247	1	CERTI	FIC/	ATE OF I	DEATH			Reg. Di	st. No.	TE & AV
	CE OF DEATH OUNTY Fr	ederick		MARY	<b>LAND</b>	2. USUAL RES		re deceased	l lived. If institution b. COUN		nce before o	admission)
b. C	ITY OR TOWN (IF	outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If ou	itside corpor	rote limits, write	RURAL ond	give neares	I town)
	Frederi			1 Year			Balt	imore	(7)		03	X-2
d. N	AME OF HOSPITA	L (If not in hospital,	give street			d. STREET	ADDRESS			3 0	e.	S RESIDENCE ON A FARM?
		Odd Fellow	s Hon	ne		371	4 Milf	ford A	venue			ES NO X
	ME OF EASED e or print)	ALFR		Middle W .		HURST	st	4. DATE OF DEATH	М	onth ember	Doy 5.	Yeor 19 58
5. SEX		6. COLOR OR RACE	7. MARE	HED NEVER MARRI	ED 🔲	B. DATE OF BIRT	'H		9. AGE (In year			UNDER 24 HR
Ma	le	White	WIDOWI	DIVORCE	D	January	11,18	376	82 birthdoy		Days H	ours Min.
10a. US	SUAL OCCUPATION	N (Give kind of work ng life, even if retired	done 10b.	KIND OF BUSINESS C	R INDU	STRY 11. BIRTHP	LACE (Stote o	or foreign co	ountry)	12. CI	TIZEN OF V	WHAT COUNT
Re	t. Supt.	ng me, even n remee	I.	0.0.F. Ten	nple	Ne	w Jers	еу			USA	
13. FAT	HER'S NAME					14. MOTHER'S	MAIDEN N	AME	1777			
	William :	Hurst					Anna	Hutlm	an			
15. WA	S DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	). 17. H	NFORMANT			A	ddress		
N	or unknown) (II	f yes, give war or dates of a	2]	7-09-8345	Ma	aryland	Odd Fe	llow	Home Re	cords,	Frede	rick, l
C g cc	PART 1. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  y, which mediate	) ) )	e for (o), (b), ond (c).	in-	oca	lu	ain			ONSET / &	AND DEATH
CERTIFICATION 300 SOS	a. ACCIDENT WAS	UNDERLYING []		CRIBE HOW INJURY O						SIVEN IN PAR		PERFORMED?
	EITHER, NOTIFY A	CAUSE OF DEATH										
WEDICAL 20c	Hour o. m. p. m.	Month, Day, Ye	ar 20d. It While at work	Not while of work	20e. PL/ fac	ACE OF INJURY office	(Home, form, e bldg., etc.)	20f. (City	or town)	(1	County)	(Stote
AC SIG PH'NA	TUAL SNATURE VSICIAN'S ME (Type)  Dr	SPD E. P. Th	le s le s omas	n co	death	occurred of M.D. East Fred	5:30A Churc	M, from DORESS (SHE The Str	the causes reet, city or tow eet land	and on t	last saw he date	the decease stated aba DATE SIGN 1/6/58
- RE	MOVAL (Specify)	, 22b. DATE THEREC		22c. NAME OF CEMI					ION (City, town	, or county)		(Stote)
Dur	lar	Nov-8,19	58	Woodlawn	Ceme	etery			lawn,		Mary	land
	ERAL DIRECTOR'S		-	ADDRESS				BY REGISTI	150	GISTRAR'S SIG		
М.	R. Etch:	ison & Son	, Fre	derick, Ma	ryLa	and	DATE N	0 1 40	'58	arthur .	S. Trau	A



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12501 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

1	o. COUNTY Free	derick		MAR	LAND	o. STATE	DENCE (Wharyla)		lived. If institution b. COUNTY				on)
	b. CITY OR TOWN (If a RURAL and give near Knoxville-Ri	outside corporote limits, rest town) ural RD#1 B		NGTH OF STAY					te limits, write R		ive neare	st town	)
)	d. NAME OF HOSPITAL OR INSTITUTION Petersvil	L (If not in hospital, give	street oddress	s)		d. STREET A							DENCE FARM? NO
	3. NAME OF DECEASED (Type or print)	First CATHER	INE	Middle ARLENE		JACKSON		4. DATE OF DEATH	Mon	m ember	Doy 14.		eor 9 58
1	_		MARRIED TO	NEVER MARRI DIVORCE	-	5 Feb 1	- 1	9	AGE (In years last birthday) 63 yrs.	Months		Hours	R 24 HRS. Min.
1	100. USUAL OCCUPATION during most of workin HOUSE-WOI	g_life, even if refired)		of Business on Home	OR INDUS		rylan		ntry)	12. CITI	USA	WHAT	COUNTRY?
Ī	13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
1	Lewis E.	Morrison				Ada C	arrie	Brooks	3				
	15. WAS DECEASED EVER	IN U. S. ARMED FORCE yes, give wor or dotes of servi		L SECURITY NO	). 17. fb	FORMANT			Addi	ress			
I	No	yes, give war or dones or servi-	None	e	Cha	rles T.	Jack	son (S	Same as	item ;	#1)		
	Conditions, if ony gove rise to improve (o), stoling the lying couse lost.  PART II. OTHE	mediate (	IONS CONTRI	BUTING TO DE	ATH BUT I	NOT RELATED TO	THE TERMI	NAL DISEASE (	CONDITION GIV	EN IN PART		PERFO	RMED?
	200. ACCIDENT WAS OR CONTRIBUTING E	UNDERLYING 20 CAUSE OF DEATH EDICAL EXAMINER)	b. DESCRIBE H	10W INJURY O	CCURRED	. (Enter noture o	of injury in P	Port I or Port I	of item 18.)			ES []	NO KK
	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year	20d. INJURY While Not work 0	lot while	20e. PLA foci	CE OF INJURY (I ory, street, office	Home, form, bldg., etc.	20f. (City o	r town)	(Co	ounty)		(State)
	actual Se	mard O. Th	Vinno	_, and that	death		4 A	ket St	the causes a et, city or town,		e date	state	d abave. TE SIGNED
1	20. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	22b. DATE THEREOF 11-7-58		NAME OF CEM					ON (City, town, o		nd	(Stote	)
2	M. R. Etchi	signature Lson & Son,		oddress cick, Ma	aryla	nd		BY REGISTRA	R 24b. REGIS	TRAR'S SIGI	NATURE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 **D FUNERAL RECTOR:** After this certificate has been signed by the ottending physician and campletely filled in poge 3 show be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 as the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. moy be retained by the hospital or attending physician.

TO FUNERAL RECTOR: After this certificate has been sippoge 3 should be detached for use or the continuous statements. VS A15 (4) 15M 10/57

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VS A15 (4) 15M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12502 Item 8 FilmG236 12-15-58 et CERTIFICATE OF DEATH

12481

1. PLACE OF DEATH o. COUNTY Fred	lerick	MARYLAND	2. USUAL RESID	Marylan	a h COUNTY	779	ore odmission) rederi	
b. CITY OR TOWN (If outside co	rporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR T	OWN (If outside corpo	rote limits, write Ri	URAL and give ne	eorest fown)	
St. Anthony		50 yrs.	× Emmi	tsburg,	RD			
d. NAME OF HOSPITAL (If not in OR INSTITUTION	n haspital, give street	oddress)	d. STREET A	DDRESS			ON A FAI YES IN	RM?
3. NAME OF DECEASED (Type or print) Georg	ge Edwal	d Keepers	Lost	4. DATE OF DEATH	Mon Nov.		oy Year	58
	or RACE 7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	18, 1870	9. AGE (In years loss) Phdoy) yrs.	Months Doys	-	HRS. Min.
100. USUAL OCCUPATION (Give kind during most of working life, every coach maker	en if retired)	kind of Business or Indu		ACE (Stote or foreign of aryland	ountry)		S.A.	UNTRY?
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME				
Alexis V. Keep	pers			Elizabeth	Sebold			
15. WAS DECEASED EVER IN U. S. (Yes, no, or unknown) (It yes, give w	and the state of t	social security No. 17. 2-38-9578	Mrs. M	argaret K	Addi Ceepers		tsburg	s, Mo
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO  (b)  DUE TO  (c)	Coloner philensin		LUSION W VILLA, d	,	Rene	TERVAL BETWING THE TANK DE TON THE TANK DE TON THE TANK DE TON THE TERM DE TON	DULS POLS OPSY
PART II. OTHER SIGNIF  20g. ACCIDENT WAS UNDERLY OR CONTRIBUTING  CAUSE U (IF EITHER, NOTIFY MEDICAL E	ING 20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture of	injury in Port I or Por	t II of item 18.)		PERFORME YES N	0
	XAMINER)							
20c. TIME OF INJURY Month, Hour o. m. p. m.	While	NJURY OCCURRED 20e. P	LACE OF INJURY (I octory, street, office	tome, farm. 20f. (City bldg., etc.)	or town)	(County)	)	(Stote)
21. I certify that latter alive an	nded the decease	ed from Mus , and that deat	h accurred of		24, 1950 in the causes of treet, city or town,	that I last s and an the do Mile)	aw the decote stated of DATE	ceased above.
PHYSICIAN'S W.R.	Cadle					~~~~~~~~~		
221121111111111111111111111111111111111	-27-58	St. Anthon			TION (City, town, or Emmitsb	• •	(Stote) Md.	
23. FUNERAL DIRECTOR'S SIGNAL	Creager	ADDRESS Thurmont,	Md.	24a. REC'D BY REGIST	0.4	STRAR'S SIGNATU MM S. FLYCOM		

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMIDES, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12482 12503 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea.	Dist	Na	

1. PLACE OF DEATH o. COUNTY  Frederick	MARYLAND	2. USUAL RESIDENCE (Where			erick
CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	ide corporate limits, write RU	RAL and give nec	erest town)
Frederick-Rural-R.F.D.#4	Life	X Frederick	k-Rural-R.F.D.	#4	
d. NAME OF HOSPITAL OR INSTITUTION (If not in he	ospital, give street address)	d. STREET ADDRESS			. IS RESIDENCE
Derr Road		/ Derr Road	d		YES NO A
3. NAME OF First DECEASED (Type or print) CHAR LES	Middle WILLIAM	TOTAL C	OATE Month OF Novembe	or 4,	Yeor 19 58
5. SEX 6. COLOR OR RACE 7. MARR Male White widow		DATE OF BIRTH August 23, 1879	1 4 5 5 4 4 4		F UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired Carpenter	KIND OF BUSINESS OR INDUSTRI Onstruction	Naryland	oreign country)	12. CITIZEN OF USA	WHAT COUNTRY?
13. FATHER'S NAME William A. Kemp		14. MOTHER'S MAIDEN NAME Malinds	a A. C. Lamber	rt	
Was an accurate to the contract to the		arles R. Kemp,	Same as Item	#2	
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying Couse last.	for (a), (b), and (c).]	Throm.	losis.	INTERVIONSET /Cha	AL BETWEEN AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINALI	DISEASE CONDITION GIVEN		WAS AUTOPSY PERFORMED?
	BE HOW INJURY OCCURRED. (Er	nter noture of injury in Port I or	Port 11 of ilem 18.)		
Hour a.m. Whi		E OF INJURY (Home, form, 120, street, office bldg., etc.)	Of, (City or town)	(County)	(Stote)
21. I certify that I took charge of the death resulted from: Natural couses					ond find that
ACTUAL BOSTON	zas_	M.D. CHIEF MEDICAL EXAMIN	_		DATE SIGNED
EXAMINER'S NAME (Type) Dr. B. O. Thoma:	S	ASSISTANT MEDICAL EXAM	band	11/7/	1958
220. BURIAL, CREMATION, REMOVAL (Specify) Burial  120. BURIAL, CREMATION, Page 120. DATE THEREOF Nov-8, 1958  123. FUNERAL DIRECTOR'S SIGNATURE	22c. NAME OF CEMETERY OR CO	metery	Frederick Cou	inty,	(Stote) Maryland
M. R. Etchison & Son, Fre		d 24a, REC'D BY		AR'S SIGNATURE	

or removal. forwor TO FUNI

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12504

#### **CERTIFICATE OF DEATH**

13719

	1.0002				Keg. Dist. No.
1. PLACE OF DEATH g. COUNTY			2. USUAL RESIDENCE (WI	here deceased lived. If institution	on: Residence before admission)
and the same of th	rederick	MARYLAND	Maryland	Baltir	more City
b. CITY OR TOWN (IF	outside carporote limits, write	c. LENGTH OF STAY IN 16		outside corporate limits, write RI	
RURAL and give nee		1585	Baltimor	e 3	VOLU
d. NAME OF HOSPITA	AL (If not in haspital, give street		d. STREET ADDRESS		IS RESIDENCE
Victor C	ullen State	Hospital	26 North	Curley St.	ON A FARM? YES NO
NAME OF DECEASED (Type or print)	First homas	Middle Leo KEN	Lost	4. DATE Mon OF DEATH NOVember	
Male	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH Sept. 27.1		Months Days Hours Min.
Oa. USUAL OCCUPATIO	N (Give kind of work done 10b.	KIND OF BUSINESS OR INDU		or foreign country)	12. CITIZEN OF WHAT COUNTR
Steel Wo	ng life, even if retired)	Steel	Virgini	a	U. S. A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN N		
John Ken	กซ		Rose Reg	an	
S. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Addr	ess
No No (1	f yes, give war or dates of service)	18-09-1217	Dottont (The	to diameter	
	100	after the after after after	Patient (Ho	spital Chart	
	TH [Enter only one couse per l				ONSET AND DEATH
PARI I. DEAI	H WAS CAUSED BY: MY	ocardial Deg	eneration w	with Arterios	sclerosis ??
4.0.2.1	DUE TO				
Conditions, if an	u which \				
gave rise to in	mediale				
coese (a), stating t	he under-				
lying cause last. Part II. OTH	) (c)				
PART II. OTH				INAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	onary Tuberc	ulosis, Far	Advanced.		YES NO
200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I or Port It of item 1B.)	
OR CONTRIBUTING	MEDICAL EXAMINER)				
20c. TIME OF INJURY Hour a.m.	Manth, Day, Year 20d.	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm	, 20f. (City or town)	(Caunty) (State
Haur a.m.	19 While	Not while fa	ctary, street, office bldg., etc	-)	(555)
	- Jul wo	7/00/30	M. 33	120 120 70	
21. I certify the	at I attended the deceas		54, 19 , to 11	3071950 19	,,that I last saw the deceas
alive an 11/	30/58 , 19.	, and that death	accurred at 12:00	M. fram the causes a	nd on the date stated aba
	-01	A		ADDRESS (Street, city or town,	state) DATE SIGN
ACTUAL	11-11811	1.	Nove	mber 30, 195	38
PHYSICIAN'S NAME (Type)	P F Wagtal	M D			
	Vestal	1200 NAME OF STREET	Cullen		
REMOVAL (Specify)		22c. NAME OF CEMETERY O		22d. LOCATION (City, town, o	
Burial	12-4-58	Holy Redeeme:			, Maryland
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS OF		EA . IEA	TRAR'S SIGNATURE
1X 12 - 4 -1	KW. L.	1.24/100001 4	Thereals I DATE D	EL 9 30   (1.	Thung & House

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL PURECTOR: After this certificate has been signed by the attending physician and campletely filled they the funeral director, page 3 shows the process of the burial-transit permit. Then please remove carbon papers. Pages 1 december the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. VS A1S (4) 1SM 9/S5

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VS A15 (4) 1SM 10/57

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
12472	CERTIFICATE	OF DEATH	Reg. D

12483

Dist. No.

a. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE		b. COUNTY	Frede	
b. CITY OR TOWN RURAL and give r Frederic		c. LENGTH OF STAY IN 18		(If outside corporate fine ederick	mits, write RURAL	and give nearest	lown)
d. NAME OF HOSPI OR INSTITUTION Freder	ITAL (If not in hospital, give str ick Memorial H	eet oddress) Ospital	d. STREET ADDRESS	t Fourth S	treet	0	RESIDENCE
3. NAME OF DECEASED (Type or print)	LILLIE	Middle <b>20</b>	LENHART	4. DATE OF DEATH	Month November	r 20,	Yeor 1958
5. SEX Female		ARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH February 12.	1875	E (In years IF Ut birthday) Mon	NDER I YEAR IF U	INDER 24 HRS.
10a. USUAL OCCUPATI during most of war Domes	rking life, even if refired)	Ob. KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (SM		12	USA.	HAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDE				
Henr	y W. Lenhart		Jul	lia Staley			
IS. WAS DECEASED EV	ER IN U. S. ARMED FORCES? (If yes, are wor or doles of service)	37	Mr. Glenn H.	Lenhart,	Address Woodsbore	o, Maryl	and
CAT	immediate DUE TO (c)	S CONTRIBUTING TO DEATH B	Vonewlon  UT NOT RELATED TO THE TEL	ephintis C	IDITION GIVEN IN	PE	AS AUTOPSY REFORMED?
OR CONTRIBUTING	G LI CAUSE OF DEATH	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury	in Port I ar Part II af	item 18.)		
20c. TIME OF INJUI Hour a. m. p. m.	W	d. INJURY OCCURRED 20e.  iile Not while work at work	PLACE OF INJURY (Hame, for factory, street, affice bldg.,	etc.)		(County)	(State)
21. I certify the alive an  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	Are Rex R. Ma	Jastin		5P M, from the ADDRESS (Street, church Street) ick, Maryl	et	on the date st	he deceased tated abave DATE SIGNED /22/195
	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY		City, tawn, ar cau	nty) (i	Stote)
23. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS rederick, Maryl	24a. RI	EC'D BY REGISTRAR NOV 2 6 '58	24b. REGISTRAR		

		ATE OF DEATH	DHIBIT	47 2 4	
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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12484

12473

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Fre	derick		MARY	LAND		DENCE (Who		lived. If institution b. COUNTY	Frede	rick	dmission)	
b. CITY OR TOWN (III RURAL ond give ne Frederic	outside corporate limits, prest town) K	write	40 Years			TOWN (If or		ote limits, write R	URAL ond gi	ve nearest	town)	
d. NAME OF HOSPITA OR INSTITUTION 431 West	AL (If not in hospitol, gived South Street	e street o	ddress)		d. STREET A		st Sou	ath Stre	et		S RESIDENCES NO	42
3. NAME OF DECEASED (Type or print)	First WILL	IAM	Middle SYLVE		LEW.		4. DATE OF DEATH	Mon No:	wember	Day 3	Yeor 195	8
5. SEX Male	6. COLOR OR RACE	MARRII			B. DATE OF BIRTI		5	P. AGE (In years last birthday) 60 yrs.	Months [		UNDER 24 I	-
Manager (Re	tired) Meat so Atlantic	Dept	t. America	n St	ores Co	MAIDEN N	Maryl			SA	VHAT COU	NTRYT
John Lewi						tie Po	pole					1
(Yes. no. or unknown)	IN U. S. ARMED FORCE	ice)	LI-10-LILL 7		• Fairy	belle	E. Lev	vis (Sam		tem ;	#1)	
Conditions, if or gove rise to in couse (a), storing the lying couse lost.  PART II. OTH	ER SIGNIFICANT CONDI	Ar TIONS CO	teno scl  Distributing to de.  Leart  RIBE HOW INJURY O	ATH BUT	NOT RELATED TO	prester	NAL DISEASE	activous		10-	3	PSY
Y 20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year	While	JURY OCCURRED Not while of work	20e. PLA foc	CE OF INJURY ( tory, street, office	Home, form, e bldg., etc.)	20f. (City o	or town)	(Co	ounty)	(St	tole)
actual signature	Nov. 3	, 19 <u>5</u>	8, and that	death	A.D. Shop	l:05P pping		the causes a eet, city or town,	nd on the	e date :	the dece stated at DATE SI -4-58	bave GNED
220. BURIAL, CREMATION PREMOVAL (Specify)	11-6-58		22c. NAME OF CEM Frederick					ON (City, town, o		ıd	(State)	
23. FUNERAL DIRECTOR'S M. R. Etch	ison & Son,	Free	derick, Ma	ryla	nd		BY REGISTR		TRAR'S SIGN			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERAL SECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shall be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 at the registrar priar to burial, cremation, ar removal, and in any event within 72 haurs after death. VS A15 (4) 15M 10/57

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

CECTOR: After this certificate has been signed by the attending physician and campletely filled in the detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 or

by the hospital ar attending physician.

may be retained TO FUNERAL PRE TO HOSPITAL OR

VS A15 (4) 15M 10/57

page 3 sha

the registrar prior ta burial, crematian, or remaval, and in any event within 72 haurs after death.

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12474

#### **CERTIFICATE OF DEATH**

12485

Pag Dist No

									wan. Di	31. 110.	
1. PLACE OF DEA'	Frederick		MARYLA		2. USUAL RESID		arylan	lived. If institut		reder	
	WN (If outside carporate limi live gearest town) ICK	ls, write	c. LENGTH OF STAY IN	116	c. CITY OR T		outside corpor rederi	ate limits, write l	RURAL ond	give nearest	town)
OR INSTITUT	OSPITAL (If not in haspital, g ION ICK Memorial				d. STREET ALL LOS ES		inth S	treet		0	RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	CHARL		Middle HAROLD		LON		4. DATE OF DEATH	Novem		Doy 22,	Yeor 19 58
5. SEX	6. COLOR OR RACE White	7. MARR	NEVER MARRIED  DIVORCED	-	uly 1,	-		9. AGE (In years last birthday) 40 yrs.	IF UNDER Months	1 YEAR IF U	JNDER 24 HRS. Durs Min.
10a. USUAL OCCU during most of Machine	PATION (Give kind of work of working life, even if retired ery Operator	lone 10b.		INDUSTR		CE (State		7.0		IZEN OF W	HAT COUNTR
13. FATHER'S NAM			S.A. Bad		14. MOTHER'S	1			7		
20 11115 8555155	John Cliffo					E	thel M				
Yes, no. or unknown)	DEVER IN U. S. ARMED FOR	21	7-01-5869		ormant Eller	May	Long-	Same as	Item	#2	
PART I.  4 20.  Conditions, gave rise cause (a), sta lying cause	if any, which to immediate ating the under- (c)	C	rmary	TO	rund	lose				ONSET A	IL BETWEEN AND DEATH
CAT	OTHER SIGNIFICANT CON		CRIBE HOW INJURY OCC						VEN IN PAR	PE	AS AUTOPSY REFORMED?
20c. TIME OF II	NJURY Month, Day, Yea	r 20d. IN While at work	Not while	le. PLACE factor	E OF INJURY (H ry, street, office	ame, form bldg., etc.	20f. (City	or town)	(0	County)	(State)
actual SIGNATURE	y that I attended the N.D. 72 Resmandle	decease _, 19_5	- 0			:00P	M, fram ADDRESS (SIM	the causes o	and an th	last saw the date st	the decease tated abov DATE SIGNE L/25/58
PHYSICIAN'S NAME (Type)_	Dr. Bernard					rick	Mary.				
PEMOVAL (Spe	ATION, 22b. DATE THEREO Nov. 26,1		Mount Oliv					on (City. town, ederick,			(State)
23. FUNERAL DIREC		4-1	ADDRESS			24o. REC'I	BY REGISTR		STRAR'S SIG		
M. R. Et	tchison & Son	Fre	derick. Mar	vlan	d	DATE NO	DV 2 6 '5	8	attur 9	4	

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## -MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12475MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12486

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESID	ENCE (Where dece	ased lived. If Instit	ulion: Residen	ce before go	dmission)
o. COUNTY Fr	ederick		MARYLAN		aryland		Monte		
and give nearest toy	(If outside corporate limits, wri	le RURAL	c. LENGTH OF STAY IN 11		OWN (If outside or	orporote limits, write	RURAL ond	give nearest	town) V
rrederic	K		Since 7/7/58	B Hya	ttstown		15×	-2	
Frederic	k Memorial	Hospi	ospital, give street address)	d. STREET AD	DRESS			0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fi NE	OTTIE	MARIE	LYLES	4. DATE OF DEATE	Mont Nov	ember	Day 22,	Year 19 58
s. sex Female	6. COLOR OR RACE Colored	7. MARR	IED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	910	9. AGE (In years lest grithday) yrs.		YEAR IF UN	NDER 24 HRS.
10a. USUAL OCCUPAT during most of work HOUSE—WI	ION (Give kind of work ing life, even if relired)	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLAC		country)	USA		AT COUNTRY?
13. FATHER'S NAME				14. MOTHER'S M.	AIDEN NAME				
Charlie	Hackey		Nett	ie Cromwe	11				
15. WAS DECEASED E (Yes, no. or unknown)	VER IN U. S. ARMED FC	RCES? 16.		informant prest E. L	yles (S	Address Same as i		)	
PART I. DE/  916.0  Conditions, if gove rise to imme (o), stoting the couse last.	underlying DUE TO		my card	l my	Lur	ns .		Interval Bet Onset and I	onds
EV			ONTRIBUTING TO DEATH BUT				VEN IN PART 1	1(a) 19. WA PER YES	FORMED?
	ONTRIBUTING []		ed kerosene or						
20c. TIME OF INJU	7-7, 19	58 White	ork ol work	Home	Hya	ttstown-Mo		ry-Ma	_
			remains described ab					D, and	d find that
ACTUAL SIGNATURE	Eline	230	as_	m.b.	DICAL EXAMINER			DATE	E SIGNED
EXAMINER'S NAME (Type)	B. O. Thom		. D.		EDICAL EXAMINE		2	22 Nov	1958
220. BURIAL, CREMATIC REMOVAL (Specify Burial	226. DATE THERECO	)F	Fairview Cemetery O			ATION (City, town, erick, Maj		(St	ote)
23. FUNERAL DIRECTOR M. R. Etc		n, Fr	ADDRESS ederick, Maryl	and	ATHLOW 9 0 1	STRAR 24b. REGI	STRAR'S SIGN		

VS. A1SME(S) SM 9/55

S CERTIFICATE OF DEATH		Value of the
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	tion 3 reserving 1   1864	
MANAGEMENT OF STREET WHEN SHEET WAS		5-41-10-18 +

VS A1S (4) 1SM 9/S5

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
12476	CERTIFICATE	OF	DEATH	

Reg. Dist. No.

12487

	CE OF DEATH OUNTY	rederick		MARYLAND	II O STATE	Md.	re deceosed	l lived. If instituti b. COUNTY		e before odn	nission)
b. C	ITY OR TOWN	(If outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c, CITY OR	TOWN (If our	Iside corpor	rote limits, write R	URAL ond gi	ive nearest to	own) v
F	rederick	<		4 days	// F:	rederic	ck				
. 0	R INSTITUTION	Memorial Hospital, g			d. STREET	and Str	reet.			ON	RESIDENCE I A FARM?
3. NAA		Fit	-	Middle	Lo		4. DATE	***	AL.		
DEC	EASED e or print)	Rich	ard		Mahoney	•	OF DEATH	11 Mon	2	1 Day	19 58
5. SEX		6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	B. DATE OF BIRT	'H	127 15	9. AGE (In years last birthdoy)		YEAR IF UN	
M	ale	Colored	WIDOW	DIVORCED	3-27-189	98	0.97	60 yrs.	Months [	Doys Hou	rs Min.
du	ring most of wor	ON (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OR INC		erick (			12. CITIZ	ZEN OF WH	AT COUNTRY?
3. FAT	HER'S NAME				14. MOTHER'S	MAIDEN NA	ME				
	IInl	mown			II.	nknown					
	S DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT			Add	ress		
jies, no,	No No	(If yes, give war or dates of s		17-10-0098	Irving H	. Whil-	900	Rosemont	Ave.	Fred.	Md.
C	PART I. DE.	immediate	)(	acut esco	column	· .				ONSET AN	BETWEEN ND DEATH
ly	ese (o), stating ing couse lost. PART 11. OT	the under- (c	)	ONTRIBUTING TO DEATH B	UT NOT RELATED TO	O THE TERMIN	AL DISEASE	CONDITION GIV	EN IN PART	1(o) 19. WA	S AUTOPSY
ly	PART 11. OT	the under (c	DITIONS C						EN IN PART	PER	S AUTOPSY FORMED?
CERTIFICATION 200 OK	PART 11. OT PART 11. OT D. ACCIDENT W CONTRIBUTING EITHER, NOTIFY	AS UNDERLYING DE CAUSE OF DEATH	DITIONS C	CONTRIBUTING TO DEATH B					EN IN PART	PER	FORMED?
CERTIFICATION 2000 OR (IF	PART II. OT	AS UNDERLYING DE CAUSE OF DEATH	DITIONS C	CRIBE HOW INJURY OCCUR		of injury in Po	ort 1 or Part	It of item 18.)		PER	FORMED?
MEDICAL CERTIFICATION 1/2 CONTROL OF	PART II. OT  D. ACCIDENT W CONTRIBUTION EITHER, NOTIFY HOUR O. m. p. m.	THE UNDERLYING CAS UNDERLYING CAS OF DEATH  AS UNDERLYING CASE OF DEATH  AMEDICAL EXAMINER)  RY Month, Doy, Yee	20b. DESC 20b. DESC 2r 20d. It While of worl	NJURY OCCURRED Not while of work	RED. (Enter noture of PLACE OF INJURY of foctory, street, offic	of injury in Po (Home, form, e bldg., etc.)	20f. (City	It of item 18.) or town)	(Co	PER YES	FORMED? NO (Stote)
WEDICAL CERTIFICAL CALICAL CAL	PART II. OT  D. ACCIDENT W CONTRIBUTION EITHER, NOTIFY HOUR O. m. p. m.	AS UNDERLYING DICAUSE OF DEATH  CALL MEDICAL EXAMINER)  RY Month, Doy, Year	20b. DESC 20b. DESC 20d. 1h While of worl	NJURY OCCURRED 20e. Not while	PLACE OF INJURY foctory, street, offic	of injury in Po (Home, form, e bldg., etc.)	20f. (City	It of item 18.) or lown)	(Co.,,that I la	PER YES	(State)
200 OR (IF 20cc.	PART II. OT  D. ACCIDENT W CONTRIBUTING EITHER, NOTIFY Hour o. m. p. m. I certify the contribution of the contribution of the contribution of the certify the contribution of the certify the contribution of the certify the certify the certify the certify the certify the certify the certification of the	AS UNDERLYING DICAUSE OF DEATH  CALL MEDICAL EXAMINER)  RY Month, Doy, Year	20b. DESC 20b. DESC ar 20d. In While of world decease	NJURY OCCURRED 20e. Not while of work 20e from NV 13	PLACE OF INJURY of foctory, street, office the occurred at	of injury in Po  (Home, form, e bldg., etc.)  , to 24  All  E.See	20f. (City  20f. (Filty  M, from  DDRESS (Str	or town)	,that I lained on the stote)	PER YES	(Stote) e deceased
NON NO INCOME TO THE PROPERTY OF THE PROPERTY	PART II. OT  D. ACCIDENT W CONTRIBUTING EITHER, NOTIFY Hour o. m. P. m. I certify to ive on	AS UNDERLYING DE CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Yell  He Le Fahry  The Le Fahry	20b. DESC 20b. DESC 20b. DESC 20d. It While of world decease 19.5	NJURY OCCURRED 20e. Not while of work 20e from NV 13	PLACE OF INJURY of foctory, street, office the occurred at M.D	Home, form, e bldg., etc.)  , to 20  All  7 E. Se	20f. (City  20f. (City  20f. M, from  DDRESS (Str  and 5	or town)  1 1958  1 the causes of reel, city or town,	,that I lound on the stote)  Struct	punty)  ast saw the date sto	(Stote) e deceased
NOUTE DE LE CONTROL DE LA CONT	PART II. OT  PART III. OT  PART II. OT  PART	AS UNDERLYING DE CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Yell  He Le Fahry  The Le Fahry	20b. DESC 20b. DESC 20b. DESC 20d. In White of worl decease	NJURY OCCURRED Not while of work  ed from NV 13	PLACE OF INJURY of foctory, street, office the occurred at M.D	Home, form, e bldg., etc.)  , to 20  All  7 E. Se	20f. (City  20f. (City  M, from  DDRESS (Str  and S  econd	or lown)  1 , 1958 the causes of the causes	,that I lo	punty)  ast saw the date sto	(Stote)  e deceased ated above.  DATE SIGNED
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VS A15 (4) ISM 10/57 **CERTIFICATE OF DEATH** 

	1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	FRE DERICK MARYLAND	MARYLAND BECOM FREDERICK
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest tawn)  LURAL D. C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
-	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
9	OR INSTITUTION MEMORIAL HOSPITAL	ON A FARM?
	3. NAME OF First Middle	
	(Type or print) REVIE ANNA MAN	A. DATE Month Day Year OF DEATH NOV 17 1958
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min
	WIDOWED DIVORCED	MAY 28-1880 18 yrs.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
1	HOUSEWIFE OWN HOME	MARYLAND USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	CORNEHUS WEST	JULIETTA CARBAUGH
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address
		ROY MARTIN LEGORE MD
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Orgrans Thro	
	260 X DUE TO 0 + 0 1	
	Condition it any which a	to Cardinaculas duean 10 years
	gave rise to immediate DUSTO	100 L
	lying couse last.    Course (a), stating the under-	melitin 10 years
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
0	3 Hangeare left fort secondary	Apartenal occhemen YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  James Let 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D. (Enter nature of injury in Part I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the focus of the p.m. 19 While at work of work 19 at work 19	tory, street, office bldg., etc.)
	21. I certify that I attended the deceased from SEPTEM	BFN 19 50, to 17 Mar., 1958, that (last saw the deceased
		occurred at 63° p. M., from the causes and an the date stated above.
	dive di dedin	ADDRESS (Street, city or town, stote) / DATE SIGNED
	ACTUAL TO TOTAL	Walkerrell Ved 11/17/08
	SIGNATURE TO SIGNATURE	M.D. Was a state of the state o
1	PHYSICIAN'S NAME (Type)	
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City. town, or county) (State)
	BLRIAL 11/20/58 MT HCP	E WOODSBORO MD
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Powell y Hartaler 11 master	md DATE NOV 21 '58 Conthun S. Firmers.

THE STATE OF A PRODUCTION OF MIGHT OF PRINCIPLE OF A PRODUCTION OF A PRODUCTIO	
The same of the sa	

VS A15 (4) 15M 10/57

12489

12478 **CERTIFICATE OF DEATH** 

1. PLACE OF DEATH  o. COUNTY  Fre	ederick	MARYLAND	- CTATE	ENCE (Where decease Maryland	ed lived. If instituti b. COUNTY			
b. CITY OR TOWN ( RURAL and give no Frederick		c. LENGTH OF STAY IN 16	c. CITY OR TO	Frederic		RURAL ond give n	earest town)	
or institution 517 Elm S	TAL (If not in haspital, give street	address)	d. STREET AL	Elm Stree	et		e. IS RESIDENCE ON A FARM YES NO	V/?
3. NAME OF DECEASED (Type or print)	First WILLIA	Middle THOMAS	Lost MATH	ERS 4. DATE OF DEATH	Nov		Pay Year 195	8
5. SEX	6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Septembe	r 14,1884	9. AGE (In years lost birthdoy) 74 yrs.	Months Days	Hours M	HRS.
during most of wor Salesman	ON (Give kind of work done 10b king life, even if retired)	Feed Company	USTRY 11. BIRTHPLA	CE (Stote or foreign of Florida	country)		OF WHAT COU	NTRY?
13. FATHER'S NAME Albert N	V. Mathers		14. MOTHER'S	y Chaunce	7			
15. WAS DECEASED EVE [Yes, no, or unknown)	R IN U. S. ARMED FORCES? 16 (If yes wor or dates of service) 2	-1	informant	R. Mather	rs-Same a		<b>#2</b>	
Conditions, if a gove rise to i couse (o), storing lying couse lost.	mmediate (	rehal three briosilers	the br	recurrence of the Termanul Disease	SE CONDITION GIV	VEN IN PART 1(a)	19. WAS AUTO PERFORMED YES NO	PSY
20g. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY TO M. Hour o. m.	CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Day, Year 20d. While			ome, form, 20f. (Cil		(Count	y) (Si	itate)
	Dr. Henry V. C	have	M.D. East C	:00A . M, fra	m the causes of treet, city or town,	and an the d	saw the dece ate stated al DATE SI 1/25/58	bave.
22g. BURIAL, CREMATIC REMOVAL (Specify) Burial	Nov • 26, 1958	Mount Olive		The second second	derick,	14.0	(Stote) ryland	
23. FUNERAL DIRECTOR M. R. Etc	s signature chison & Son, F	rederick, Mar	yland	240. REC'D BY REGIS DATE NOV 2 6	100	STRAR'S SIGNAT		

# 12 E H	STAR STAR TO THE		
	E OF DEATH	ES CRITISION	
			3 DESCRIPTION
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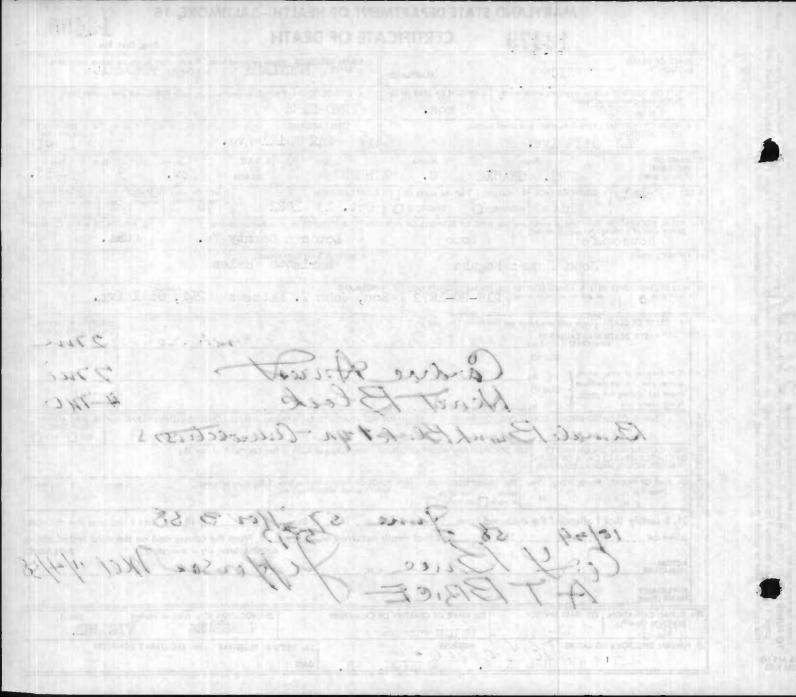
VS A15 (4) 15M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12479 CERTIFICATE OF DEATH

12490

	1. PLACE OF DEATH O. COUNTY FRED FRICK MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE MARYLAND b. COUNTY FRED HALLA
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  FREDERICK  c. LENGTH OF STAY IN 4 mos	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  //FREDERICK
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 21-2 Dill Ave.	d. STREET ADDRESS  242 Dill Ave.  e. IS RESIDENCE ON A FARM? YES   NO
	3. NAME OF DECEASED (Type or print) MRS . GRACIE C .	MATHEWS 4. DATE Month Day Year OF DEATH NOV. 3 1958.
	5. SEX Fernale 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED [	1 TO TOTAL TOTAL NORTH MONTH NORTH HOUSE AND
Y	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife home	Loudoun Councy va. usa.
	John Thomas Magaha	14 MOTHER'S MAIDEN NAME Marietta Bales
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yos. no. or unking)  (If yos. give wor or dates of service)  219-20-1872	Son, John T. Mathews 242, Dill Ave.
)	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. jn. 19 While at wark at work 21. I certify that I attended the deceased from 21. I certify that I attended the deceased from 22.	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO DEATH  JUNE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20f. (City or town) (County) (State)  10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  PHYSICIAN'S A T BRICE	ADDRESS (Street, city or town, stote)  M.D.  ADDRESS (Street, city or town, stote)  DATE SIGNED  WELL  1/4/5
	220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETE UNTON CEMI	TERY LEESBURG VIRGINIA
	DAILEY'S FUNERAL HOME FRADERIA	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  ATE NOV 1 0 '58  Athur 8 H. 114



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a. COUNTY \_

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12505 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

Fre	derick		MARYLAI	ND U. SIAII	Mary.	Land	b. COUR	Fre	derick	2
b. CITY OR TOWN (I	Rural RD#6	RURAL	c. LENGTH OF STAY IN 8 Years	1b c. CITY	OR TOWN (II	outside cor	Porote limits, wri	44 4	give nearest	town)
	TAL OR INSTITUTION (IF	net in her		d cross	T ADDRESS	eriek-	Rural RI	卅〇	I - 10	RESIDENCE
Bartonsvil		not in nos	phot, give street occiress)	9. SIKE		onsvil	7.		0	N A FARM?
					Dar. Co	,	Te		YES	□ NO TO
3. NAME OF DECEASED (Type or print)	First LARRY		DAV ID	MAYN	Last E	4. DATE OF DEATH	No	ovember	Day 28.	Year 19 58
5. SEX	6. COLOR OR RACE	MARRIE	D NEVER MARRIED	8. DATE OF BI	RTH		9. AGE (In years			NDER 24 HRS.
Male	White	WIDOWE	DIVORCED	3 Aug	1950		lost birthday]	Months E	Days Hour	s Min.
10a. USUAL OCCUPATION during most of working Student	ON (Give kind of work doing life, even if retired)		IND OF BUSINESS OR IND		PLACE (State		country)		SA	AT COUNTRY
13. FATHER'S NAME		1 2 00.	Jaro Bonooa		R'S MAIDEN N			1 0	UAL.	
Paul C. 1	lavne				nerine		0220			
	ER IN U. S. ARMED FOR	FS2 114	SOCIAL SECURITY NO. 11	7. INFORMANT	Tel. THE	G. DI	Addre			
(Yes, no, or unknown)	(If yes, give war or dates of se				1600000	10		44 9		
			None	Paul C.	Mayne	(Sam	e as ite	em #1)	-	
	TH [Enter only one cause				17.362				ONSET AND	WEEN DEATH
PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	GUI	ISHOT WOUND	F FACE	& SKULI	Ĺ			Insta	nce
919.0	DUE TO									
Conditions, if o									139	
gave rise to imme				P1		-	1111111111			
cause last.	(c)_								1 × 10	
PART II, OTH		TIONS CO	INTRIBUTING TO DEATH BU	JT NOT RELATED	TO THE TERM	INALDISEAS	E CONDITION G	IVEN IN PART	1(a) 19. WA PERI YES	FORMED?
20a. EXTERNAL CAL	JSE WAS 20b.	DESCRIBE	HOW INJURY OCCURRED	). (Enter nature o	injury in Par	t I or Part II	of item 18.)		1,52	NO ES
	NIKIBUTING E	Playi	ing with 12 G	auge She	ot Gun		or nem 10.)			
20c. TIME OF INJU		20d. I	NJURY OCCURRED 20e.	PLACE OF INJUR	(Home, farm	20f. (Cit)	y or town)	(Cour	nty)	(State)
11:10 x00	11-28- 195	8 at wo	rk at work	Home	ico biog., cic.		onsville	-Frede	rick-M	arvlan
	nat I took charge	of the r	emains described o	bove, held	n Autops					
			, Accident XX.				ndetermined			
ACTUAL SIGNATURE	BUTH	1	as	m.o.	MEDICAL EX				DATE	SIGNED
EXAMINER'S				ASSIS	TANT MEDICA	AL EXAMINE	R			
NAME (Type)	B. O. Thoma		D.	DEPU	TY MEDICAL	EXAMINER [	XI.		11-29-	58
220. BURIAL, CREMATIC REMOVAL (Specify)	N, 226. DATE THEREOF		22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCA	TION (City, town	, or county)	(St	ate)
Burial	12-1-58		Mount Olive	t Cemete	ry	Fred	erick, M	arylan	d	
23. FUNERAL DIRECTOR			ADDRESS		240. REC'	D BY REGIST		SISTRAR'S SIGI		
M. R. Etch	ison & Son,	Fred	lerick, Maryl	and	DATEDE	C 2 '5	58 0	rthun S. 1	Travel	
					65 6	10 See				

VS. A15ME(5) 5M 9/55

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	New York Control of the		
		BIRDLE STATE	
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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12480

CERTIFICATE OF DEATH

12492

	QEICH 10A	IL OI DEATH	R	eg. Dist. No.
. PLACE OF DEATH		2. USUAL RESIDENCE (Where de		Residence before admission)
Frederick	MARYLAND	o. STATE Maryland	b. COUNTY	Frederick
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside		AL and give nearest town)
RURAL ond give nearest town) Frederick	l day	The second second	ldletown	
d. NAME OF HOSPITAL (If not in hospital, give street		d. STREET ADDRESS	actecomi	e. IS RESIDENCE
OR INSTITUTION	spital			ON A FARM? YES NO X
3. NAME OF First	Middle	Lost 4. Da	ATE Month	Day Year
(Type or print) Etnest	G M	Bride Di	EATH // O /	30 1958
SEX 6. COLOR OR RACE 7. MARR	NEVER MARRIED   B	. DATE OF BIRTH	A STATE OF THE PARTY OF THE PAR	UNDER 1 YEAR IF UNDER 24 HRS.
male white widows	ED DIVORCED	8/17/1883	75 yrs.	anths Days Hours Min.
Da. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTR
during most of working life, even if retired)	constructio	n Maryland		U.S.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
1			. 4 2 .	
5. WAS DECEASED EYER IN U. S. ARMED FORCES? 16.	COCIAL CECHIDITY NO. 17 IN	Laura McBi	Address Address	
Yes, no, or unknown]   (If yes, give wor or dates of service)				-4 N/A
no	Mrs	. Carrie McBi	ide, Midai	etown, Md.
18. CAUSE OF DEATH [Enter only one couse per lin	ne for (o), (b), and (c).]		1	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Savilin or	I the my	modiles	n 16-18 hu
4.40.0 DUE TO	Va (	1	,	
Conditions, if ony, which ) the and	terin le	to Commen	7 Themale	26-18 leven
gove rise to immediate			1 /20010000	
lying couse lost.	inimale I	/Lent de	reans	5-44-02+
(6) 12	CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL D	ISFASE CONDITION GIVEN	IN PART 1(a) 19 WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS COLOR  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CONTRIBU				PERFORMED?
The last the	CRIPE HOW INHERY OCCURRED	AP A A A C. L. L. D. A. L.	- D-+ II -6 't 10 t	YES NO T
20a. ACCIDENT WAS UNDERLYING   20b. DESC	CRIBE HOW INJURY OCCURRED	. (Enter noture of injury in Port I o	or Port II of Hem 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. It Hour o. m. 19 of world worl	- S-nt	CE OF INJURY (Home, farm, 20f ory, street, office bldg., etc.)	. (City or town)	(County) (Stote)
p. m. 19 of wor	IAOI MIIIIE			
21. I certify that I attended the deceas	ed fram ///29	1958 to 111	30 1958	hat I last saw the decease
11/26	- 1	467		
alive an, 12_3	and that death		Tram the causes and ESS (Street, city or town, sto	on the date stated above
ACTUAL 2 4 1/. /		1/ /- //	cas (aireer, city or town, sto	A LASIGN
SIGNATURE	hase N	1.0. T-L-16	arch J	(1/50/5
PHYSICIAN'S Henry V.	Chase	Fredex	ick M	aryland
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 22d.	LOCATION (City, town, or o	ounty) (Stote)
burial 12/2/1958			iddletown.	Md .
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g. REC'D BY R		AR'S SIGNATURE
- 77 1 7 7 7 7	ddletown Ma		150 0 1	

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Reg. Dist. No.

A	o. COUNTY Fr	ederick	MARYLA		o. STATE ME	here decess arylan			Frede:	
	and give negrest town)	outside corporate limits, write RURA Rural-R.F.D		1b ×	c. CITY OR TOWN (IF		ck-Rural		4.1	own)
		L OR INSTITUTION (If not	in hospital, give street address)		STREET ADDRESS Gas He	ouse F	rike			RESIDENCE A FARM?
	3. NAME OF DECEASED (Type or print)	First HARRY	middle NORMAN		Lost MYERS	4. DATE OF DEATH	Month Novem			Year 1958
1	5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	1 8. DAT	E OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1		DER 24 HRS.
	Male	White win	DOWED DIVORCED	Aug	gust 4, 189	98	60 yrs.	Months De	ys Hours	Min.
	10a. USUAL OCCUPATIOn during most of working Laborer	life, even if retired)	10b. KIND OF BUSINESS OR INC	OUSTRY 1	1. BIRTHPLACE (Slote Mary)		ountry)	US.	N OF WHAT	COUNTRY?
	3. FATHER'S NAME			14.	14. MOTHER'S MAIDEN NAME					
	George W. Myers				Fannie Crum					
		R IN U. S. ARMED FORCES? (If yes, give wor or dates of service) NO		Mr.	MANT Sterlie L.	Myers	565 Adas	t Chur	ch St. arylan	d d
	PART I. DEATE	H [Enter only one couse pe H WAS CAUSED BY: IMMEDIATE CAUSE (o)	or line for (o), (b), and (c).]	7	occlus	100	2		INTERVAL BETWO	
	Canditians, if an gove rise to immedia (a), stoting the u cause last.  PART II. OTHI	nderlying DUE TO	Cardia Las					EN IN PART 1		AUTOPSY ORMED?
	PART II. OTHI	SE WAS 205. DE	SCRIBE HOW INJURY OCCURRED	D. (Enter I	nature of injury in Port	t t or Port II	of item 18.)		YES	NOALA
	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Year			F INJURY (Home, form reet, office bldg., etc.)		or town)	(Coun	'y)	(Stote)
			the remoins described on ses		held on Autopsy		nspection KC, adetermined c	-	and	find that
	ACTUAL SIGNATURE	Bothon	eas_	M.E	CHIEF MEDICAL EX		• 🗆		DATE	5:GNED
0	EXAMINER'S NAME (Type)	Dr. B. O. Th	omas		DEPUTY MEDICAL E				11/10/	58
	220. BURIAL, CREMATION REMOVAL (Specify) Burial	Nov. 12,19					CON (City, town, o		(Sto Mar	yland
	23. FUNERAL DIRECTOR'S M. R. Etc		Frederick, Mar	ylan		0 8Y REGIST V 1 3 '5		trar's sign		

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral directar. Page 4 should be forward the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your fift.

TO FUNER: VIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrant to burial, cremation, as remayal. VS. A15ME(5) 5M 9/55

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			AND TOOLS OF STREET

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendil in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNER DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Sites soord of Heathey or its designated agent, prior to burial, cremation, or removal, and in any event, within 72 hours after death. I

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VS. ATSME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12481 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

								Reg. D	ist. No	).	
1, PLACE OF DEATH				2	. USUAL RESIDENCE	(Where deced	sed lived. If institu	ition: Resid	ence be	fore odmi	ission)
F. COUNTY	rederick		MARYLAN	ND	o. STATE Mary	yland	b. COUNT	Y F	rede	rick	
b. CITY OR TOWN (III and give negrest town)  Frederick		RURAL	tength of stay in the Hrs.	Ъ	c. CITY OR TOWN		rporote limits, write	RURAL one	d give n	eorest to	wn)
d. NAME OF HOSPITA	L OR INSTITUTION (	If not in has	pital, give street address)		d. STREET ADDRESS						ESIDENCE
114 Carve	r Apts.				136 W. Sou	ath Str	reet				A FARM?
3. NAME OF DECEASED (Type or print)	James Fin	Jose	ph Naylor	Jr.	Losi	4. DATE OF DEATH	Nov.	1	Day		9 58
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	] 8. D/	ATE OF BIRTH		9. AGE (In years lost birthday)			-	ER 24 HkS.
Male	Colored	WIDOWED	DIVORCED [	Ma	rch 8- 192	20	38 yrs.	Months	Days	Hours	Min.
100. USUAL OCCUPATIOn during most of working Concrete La	N (Give kind of work of life, even if retired) Dorer	done 10b. K	IND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (Sto	te or foreign	country)	12. CIT	IZEN O	F WHAT	COUNTRY
13. FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME		1		1 -	
Ollie Nav	lor				Mary Ambus	sh					
15. WAS DECEASED EVE	R IN U. S. ARMED FO Jif yes, give war ar dates of	service)			mant inia Berni	ice Nav	Address Flor-136 V				k-Md.
PART I. DEAT	H [Enter only one cau H WAS CAUSED BY: IMMEDIATE CAUSE (0)	0	for (o). (b). and (c).]	eer	ed int	or Le	art		INTE	EVAL BETWEET AND DEA	ME
Conditions, if on			Hemor	the	age				10	men	tes
gave rise to immed (a), stating the u cause lost.	DILLE TO				7 /-					- 174	
CATI		DITIONS CO	NTRIBUTING TO DEATH BU	JT NOT	RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PAR		9. WAS PERFO	AUTOPSY PRMED?
	SE WAS	b. DESCRIBE	HOW INJURY OCCURRED	). (Enter	r noture of injury in Po	ort I or Part I	of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yec	While	Not while _	PLACE ( foctory,	OF INJURY (Home, for street, office bldg., et	rm, 20f. (Cit	y or town)	(Co	unty)		(Stote)
			emains described a auses [], Acciden			osy [], I Hamicide	nspection 🗹,	Inquir rmined r	-		d in my
ACTUAL SIGNATURE	BOTE	2	eccs_	M	LD. CHIEF MEDICAL	EXAMINER [				DATE S	IGNED
EXAMINER'S P	.O.Thomas	sr.			ASSISTANT MEDI	27	P 200	7.2,	(9.	5-8	
270. BURIAL, CREMATION REMOVAL (Specify) Burial		F	22c. NAME OF CEMETERY	OR CRI	EMATORY		TION (City, town,		2	(Stote	e)
23. FUNERAL DIRECTOR'S	11-5-58 SIGNATURE		Fairview ADDRESS		240 RF6	C'D BY REGIS	ierick, Ma			F	
		Frede	anick Manula	nd		12 4 '58		1 8. to			

6-61 Service of the service of The trought of the sales and the Le-6 Aveau | member of and will be traffic 116 m2-162mm25 . TE NOON . WAS CONTRACTED A SECOND OF THE S STATE OF THE PROPERTY. radicion doronalistic rabbit i rational M

priar to burial, cremotion, ar removal, and in any event within 72 hours ofter death.

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12482

**CERTIFICATE OF DEATH** 

Rea Dist No.

12495

1, PLACE OF DEATH o. COUNTY	Frederick		MARY		o. STATE		yland	lived. If institution b. COUNTY	-	deric	
b. CITY OR TOWN (IF RURAL ond give ne Frederick	outside corporate limit orest town)	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T	Frede		ote limits, write R	JRAL ond give	neorest tow	n)
d. NAME OF HOSPIT. OR INSTITUTION Frederick	County Chro				d. STREET A		rgh Av	enue		ON	SIDFNCE A FARM? NO A
3. NAME OF DECEASED (Type or print)	Firs MINN		Middle MAR(	ARET	los OD		4. DATE OF DEATH	Nov	ember	Day 21,	Yeor 19 58
5. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRI	ED 8. 1	DATE OF BIRTI	Н		9. AGE (In years	IF UNDER 1 Y		
Female	White	WIDOWI	DIVORCE		May 2,	1873	4600	ost birthdoy) os yrs.	Months Da	ys Hours	Min.
Domestic	N (Give kind of work d ing life, even if retired)	one 10b.	At Home			М	arylan		12. CITIZEI	USA	T COUNTRY?
13. FATHER'S NAME					14. MOTHER'S						
	n W. Poole					ary M	. Rigg	S			
15. WAS DECEASED EVER IYes, no. or unknown) No	R IN U. S. ARMED FORG If yes, give wor or dates of se NO	rvice)	social security no None		ormant ss Mary	E. M	. Smit	h, Frede	orth Mirick,	arket Maryla	St.,
Conditions, if or gove rise to it couse (o), stoling lying couse lost.  PART II. OTH	nmediate (	6	aterio =	Dele-	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(	PERF	DRMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED. (	Enter noture o	f injury in F	Port I or Port	11 of item 18.)		YES L	) NO ( <u>X</u>
Y 20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yea	While	NJURY OCCURRED  Not while  k ot work	20e. PLACI foctor	OF INJURY (I y, street, office	Home, form, bldg., etc.	, 20f. (City	or town)	(Cour	nty)	(Stote)
ACTUAL SIGNATURE	at I attended the	_, 125 iii	, and that	death o	Nort	6:45P	_M, from		nd on the	date stat	deceased ed above ATE SIGNED 25/58
220. BURIAL, CREMATION REMOVAL (Specify) Burial	Nov . 25 . 19		Mount O			ry		ION (City, lown, coderick,		(Sio Maryl:	
23. FUNERAL DIRECTOR'S M. R. Etch:	SIGNATURE		ADDRESS			24a. REC'E	D BY REGISTI	-0	TRAR'S SIGNA		

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12483

CERTIFICATE OF DEATH

	13200	CERTIFICA	AIE OF DEATH	Reg.	Dist. No.
	PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where do o. STATE Marylan	eceased lived. If institution: Resid	
	b. CITY OR TOWN (If autside corporate limits, wri RURAL and give nearest lawn) Frederick	c. LENGTH OF STAY IN 16		carporote limits, write RURAL on ck, Maryland	d give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give strong in Natitution irrederick Memori	eet oddress) al Hospital	/d. STREET ADDRESS 125 Wes	t Church Street	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) OSBORNE		PRICE, SR. I C	PATE November	12, Day Year 58
	Male   White	NARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH July 2, 1891	9. AGE (In years lost of holdy) yrs.	
1		Magnetic Devices	s Inc. Maryland		U.S.A.
	John E. Price		14. MOTHER'S MAIDEN NAME Mary C. Ord	eman	
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. of unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. 1 214-10-1631	Osborne I.		
	PART I. DEATH Enter only one cause por PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause lost.  [b] DUE TO [c]	Eardio V. Deabetro	senlard meletis	ret mease	INTERVAL BETWEEN ONSET AND DEATH 24 hove  5 your f
	PART II. OTHER SIGNIFICANT CONDITION  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		D. (Enter nature of injury in Part I		ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
-	20c. TIME OF INJURY Month, Day, Year 20 Hour a. ft.	d. INJURY OCCURRED 20e. PL hile Not while work at work	ACE OF INJURY (Home, farm, clary, street, affice bldg., etc.)	. (City or town)	(County) (Stote)
	21. I certify that I attended the decomplies an	95%, and that death	occurred atM,	from the causes and an ESS (Street, city or town, state)	the date stated above.  DATE SIGNED
1	22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  Nov.15.15	22c. NAME OF CEMETERY O		LOCATION (City, town, or county Frederick, Mary	Frederick Land give nearest town)  et   e. Is RESIDENCE ON A FARM? YES   NO   PART   PEAR   P
	3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY F	REGISTRAR 246. REGISTRAR'S	SIGNATURE

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INSTRUCTIONS

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# 19507

# CERTIFICATE OF DEATH

	1300				R	eg. Dist. No	***************************************
1. PLACE OF	DEATH	,		2. USUAL RESIDEN	ICE (HOME) OF D	ECEASED	
COUNTY /	nederi	ck	MARYLAND	STATE Moru	land COUNTY	trodo	rick
CITY (If out:	side corporata limits	, write RURAL	LENGTH OF STAY (in this place)		rata limits, write RURAL a	nd giva naarest town)	
TOWN T	2 # 5		7 daus	X TOWN TOPY	a murk	10-	**3
HOSPITAL OR				STREET	(Il rural giv	re location)	
STREET ADDRI	55 Freder	ick County	Chronic Hos	ADDRESS			
3. NAME OF	(Fire	tt) (	Middle)	(Lest)	4. DATE (Mor	nth) (Dey)	(Year)
(Type or Print)		10	1	Porterm	DEATH //	1 27	19 58
5. SEX	6. COLOR OR	7. SINGLE, MARRII		OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HR
E	RACE	(Specify)	1 11	20100	10	Months Days	Hours Min.
100. USUAL OCCL	IPATION (Glva kin	d of work 10b. KIN	D OF BUSINESS	11. PIRTHPLACE (State or lore)	yrs.	12 CITIZE	N OF WHAT
dona during retired) H	nost of working life	e, even if OW1	INDUSTRY 1 Home	Frederic	L. C.	COUN	
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME		
Bonto	mine.	Frank 7	Vetael	Alice C	omile 1	Baker	
	ED EVER IN U. S.	ARMED FORCES?   16.	SOCIAL SECURITY NO.		ADDRESS	34/16/	
(Yes, no, or unk.)	(If Yas, giva war	or dates of servica)		Ruth Cra	w/md R.	, Supt ,	1 74057
I DISEASES OR C	ONDITIONS DIREC	CTLY LEADING TO DEATH	18. MEDICAL CE	RTIFICATION	6	// INTE	RVAL BETWEED
422/ IM	MEDIATE CAUSE	(A)	Growing	myscard	etis	14	Torbuy
	ECEDENT CAUSE(S		estorio DA	Dahasis		10	mor long
GIVING RISE TO STATING UNDERL	THE ABOVE CAL	JSE	f. 1 . 4	11#		11	7
II OTHER SIGNIFIC	ANT CONDITIONS	(C)	Terraca	- alejus		au	Kum
TO THE DEATH	BUT NOT RELATED	TO THE					
19a. DATE OF OP		196. MAJOR FINDINGS	OF OPERATION			20	AUTOPSY?
Ot ACCIDINE V	(A.C. LILLIDEDLINIALO	F1 1 01 51 4 05 11				YES	
21a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEA	TH OF INJURY street, o	ffice bldg., atc.)	21c. WHERE DID INJURY OCCU	R? (City or town)	(County)	(Stata)
21d. TIME OF INJU	JRY (Month) (D	Whil	INJURY OCCURRED  Not while at work	21f. HOW DID INJURY OCCU	R?		
22. I hereby	certify that		17	0 , 19 JE , to M	427 195	that I last say	w the decease
alive on	11 00 9 200	19.5 8 and	that death occurred a	1. 1.2 43 M, from the c	causes and on the	date stated above	•
SIGNATU	3 7 /	-11/n -			RESS (Sfreet, city, tow		DATE SIGNED
	// (	Theme	M.D. 7	nmanlest	1 Treder	en hu	16V2714
23. BURIAL, CREA		DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town		(Stata)
Buria	LCIVII	Nov.29.19	8 Provide	nce Cemetery	Kempto	own. Md.	
24. REC'D BY REC	- FEE /5	REGISTRAR'S SIGNATURE		25, FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	
DATE DEC	1 58	Culling S. Frank		10 lan In	Tolesun Illan	mascus, 1	Md.

THE REPORT OF STATE OF THE WALL OF THE PARTY HTARE RO STADISTREE 70381 ##12 H-85 X1 13 4 15 encel and rates. vessessi a neftvire . As amotene .bi - gunenau-

			12508	CERTIFIC	CATE OF DEATH		Reg. Dist. No.	
		COUNTY	ederick	MARYLAN	2. USUAL RESIDENCE (Where do STATE	eceased lived. If institution b. COUNTY	Frede	odmission)
	Ł	RUBAL and give ner	outside corporate limits, wri	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If ourside	town T	RAL and give neares	st town)
	1	NAME OF HOSPITA	al (If not in hospital, give str	cet oddress) Chronic Hes	d. STREET ADDRESS			IS RESIDENCE ON A FARM? YES NO
	3	NAME OF DECEASED (Type or print)	Care	Middle 1		DATE 9:309 Month OF DEATH	Day 3	Year 19 5 8
	5. S	male	N. A.	ARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH / / / / / / / / / / / / / / / / / / /		Months Days H	UNDER 24 HRS. Haurs Min.
	10a.	during most of warki	N (Give kind of wark done ng life, even if retired)	106. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Stote or fo	reign country) e.k.; Cs	12. CITIZEN OF	WHAT COUNTRY?
	13.	FATHER'S NAME	10	shere	14. MOTHER'S MAIDEN NAME  mess ma	re Cenca	Cut	Per
			IN U. S. ARMED FORCES? f yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17	Kuth C	Lacuster	e by	7 .
		Conditions, if an gove rise to in couse (o), stoting the lying couse lost.	mediate (	literio De	lerosis		2	40.
)	CERTIFICATION	PART II. OTH		NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL	disease condition give		WAS AUTOPSY PERFORMED? (ES NO NO
		20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCU	RRED. (Enter noture of injury in Part I	or Port II of item 18.)		
	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	W	d. INJURY OCCURRED 20e. hile Not while work of work	PLACE OF INJURY (Hame, farm, 20 factory, street, affice bldg., etc.)	Of. (City or town)	(Caunty)	(Stote)
		21. I certify the alive on	attended the dec	9 T, and that de	ath occurred at 9.34) A.M.  M.D.  TEI		-	-11
		PHYSICIAN'S NAME (Type)	H.F.KII	NE MID	FILER	DERICK	MI	٥.
	220	BURIAL, CREMATION REMOVAL (Specify)	11-6-195	22c. NAME OF CEMETER	Y OR CREMATORY 22d	LOCATION (City, town, or larmony, Fre	d.C	(State)
	23.	FUNERAL DIRECTOR'S	el G. M	ADDRESS riddletown	md DATE	REGISTRAR / 246. REGIS	TRAP'S SIGNATURE	

the funeral director, 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death; Page 4 may be retained by the hospital or attending physician.

TO FUNER DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 styrid be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar priar to burial, cremation, or remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/S5

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TO BYELL

Reg. Dist. No.

	derick		MARYL	AND	USUAL RESIDENCE (Vo. STATE Mary)		d lived. If instituti b. COUNTY	on: Residence I		ission)
b. CITY OR TOWN ( RURAL ond give n Frederic		, write	c. LENGTH OF STAY IN	N 16	c. CITY OR TOWN (I	f outside corpo	orate limits, write R	URAL and give	nearest to	wn)
d. NAME OF HOSPIT OR INSTITUTION 204 East	Seventh St	reet	oddress)		d. street address 204 East	Sevent	h Street		ON	A FARM?
3. NAME OF DECEASED (Type or print)	First		Middle VESTA	RJ	Lost EDMOND	4. DATE OF DEATH	Mon	wember	Day 28.	Year 1958
5. SEX Female	9977 9 4	7. MARR	D DIVORCED		Aug 1880		9. AGE (In years lost birthday) 78 yrs.	Months Da	EAR IF UN	DER 24 HRS
House-W	ON (Give kind of work do king life, even if retired) rife	one 10b.	KIND OF BUSINESS OR		Marylar	nd	ountry)	12 CITIZE		AT COUNTRY
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN					
John W.					Manzella	a Soude				•
(Yes, no. or unknown)	R IN U. S. ARMED FORC (If yes, give wor or dates of ser	(ES? 16. :	None	Chai	cles M. Rec	dmond	(Same as		1)	
Canditions, if a gave rise to i cause (a), stating lying cause last.  PART 11. OTE	mmediate ( DUE TO	ITIONS C	Myesti	ole vic	CLEASED TO THE TER	fails MINAL DISEAS	UL) E CONDITION GIV	EN IN PART 1(	1 fu	S AUTOPSY ORMED?
PART II. OTH	AS UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	ЮЬ. DESC	CRIBE HOW INJURY OCC	CURRED. (I	inter nature of injury i	n Part 1 or Par	t II of item 18.)		YES [	Д ком
20c. TIME OF INJUR Hour o.m. p. m.	Y Manth, Day, Year	20d. IN While at work	Not while	0e. PLACE factory	OF INJURY (Hame, fa , street, affice bldg., e	erm, 20f. (City	or tawn)	(Cou	nty)	(State)
ACTUAL SIGNATURE	Commended the control of the control	, 19	Innas	leath ac	curred a4:15  228 N. Ma	ADDRESS (Searket S	n the causes of treet, city or town,	state)	date sta	ted abave
220. BURIAL, CREMATIO			22c. NAME OF CEMET		EMATORY	22d. LOCAT	TION (City, town, o		,	ote)
23. FUNERAL DIRECTOR	s signature chison & Son	, Fr	ederick, Ma	rylai	24g. RE	C'D BY REGIST		STRAR'S SIGNA		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 the funeral director.

2 should be filed with may be retained by the hospital ar attending physician.

TO FUNER PRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 standard be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 VS A15 (4) 15M 10/57

page 3 stand be detached for use as the burial-transit permit. Then please remove carban pages the registrar priar to burial, cremation, or remaval, and in any event within 72 hours after death

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23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR arthur S. Kraus R. Etchison & Son, Frederick, Maryland DATE NOV 1 4 '58

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### CERTIFICATE OF DEATH

- 1	14000	CERTIFICA	TIE OF DEATE		Reg. Dist. No.
	1. PLACE OF DEATH 6. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	b. COUNT	tion: Residence before admission) Y Fred et 102
		LENGTH OF STAY IN 16			RURAL and give nearest town)
1	Thurmont Md Rural	3 vrs.	X Thurmon	t. Md. Rural	
	d. NAME OF HOSPITAL (If not in hospital, give street odd OR INSTITUTION		/d. STREET ADDRESS		IS RESIDENCE ON A FARM? YES NO NO
	3. NAME OF DECEASED (Type or print) Katherina Schi	Middle  ffert(nee S	Steinback)	4. DATE MO OF DEATH NOV.	onth Day Yeor
1			8. DATE OF BIRTH	9. AGE (In year	IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female White WIDOWED	DIVORCED	12-15-90	lost birthdoy) 67 yrs	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
1	Housewife	None	Germa		Jeemany
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
		einback	Unkno		
ı	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO	CIAL SECURITY NO. 17. II	NFORMANT	Ad	dress
d	No	No	Vaclav I	Novak Thu	rmont, Md. Rural
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  DUE TO  DUE TO  (b)  DUE TO	ith gene	alized?	metastas	is 2 years
	PART II. OTHER SIGNIFICANT CONDITIONS CON  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  URLE EITHER, NOTIFY MEDICAL EXAMINER)	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	inal disease condition g	IVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
		BE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port f ar Part II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJU While p. m. 19 While at work	_ Not while for	ACE OF INJURY (Home, form ctory, street, office bldg., etc		(Caunty) (State)
	21. I certify that I attended the deceased alive on NGU 3 , 195 actual SIGNATURE Charles RUL	from Nov26, 8,, and that death	accurred at 12;30	OA . M	8, that I last saw the deceased and an the date stated above parts signed to the stated above process of the state parts signed to the state parts s
	PHYSICIAN'S NAME (Type) Chas.R.Williams		Emm	itsburg	MD
	276. BURIAL, CREMATION, 226. DATE THEREOF  REMOVAL (Specify)  Nov. 6. 1958	Blue Ridge	r Crematory	22d. LOCATION (City, town,	or county) (State)
	23. When purctors significant Grager	ADDRESS		D BY REGISTRAR 246. REC	SISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death; Page 4 may be retained by the hospital or attending physician.

TO FUNERY SIRECTOR: After this certificate has been signed by the attending physician and completely filled to the funeral director, page 3 sh. The detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 to should be filed with the registration to burial, cremation, at removal, and in any event within 72 thours ofter death. VS A15 (4) 15M 9/55

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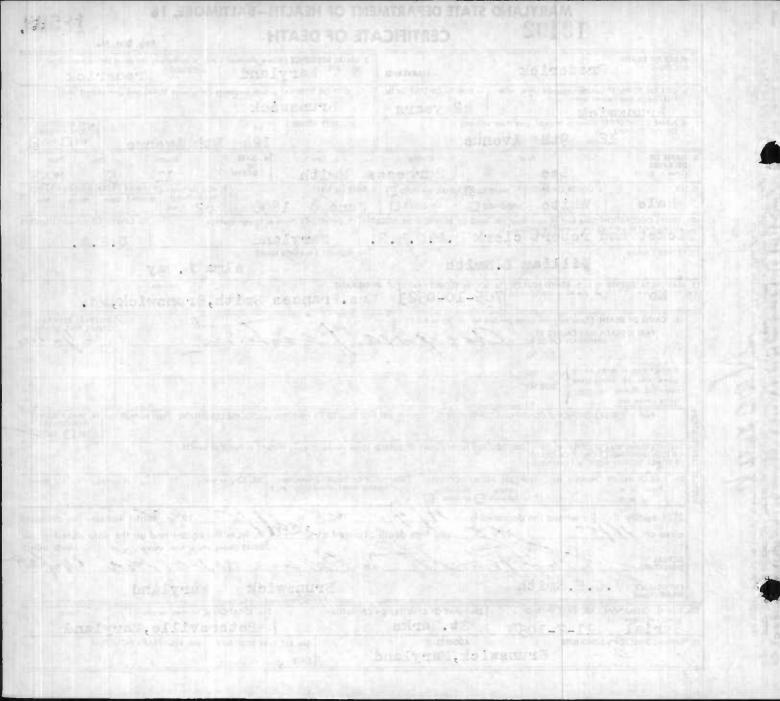
MARYLA	ND STATE DEPARTM	MENT OF HEALTH-BA	LTIMORE, 18
12486	CERTIFIC	ATE OF DEATH	

								Reg. Dist.	INO.
1. PLACE OF DEATH o. COUNTY Fre	ederick		MAR	YLAND 2	USUAL RESIDENCE o. STATE Mary.		ed lived. If institu b. COUNT	rion: Residence Freder	before admission)
b. CITY OR TOWN	(If outside corporate limit	ts, write	c. LENGTH OF STAY	1N 16	c. CITY OR TOWN	(If outside corp	orote limits, write	RURAL ond give	e nearest town)
Frederic	ck		l Day		K Ijamsvi	lle-Rur	al RD#1		
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital, g	ive street	address)		d. STREET ADDRESS	5			e. IS RESIDENCE ON A FARM?
Frederic	ck Memorial	Hosp	ital		Doctor	Perry R	oad		YES NO
3. NAME OF DECEASED (Type or print)	IMOGE		Middle GARLAN		SHUPE	4. DATE OF DEATH		onth November	Doy Yeor 10, 19 58
S. SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARR	IED   8. 0	ATE OF BIRTH		9. AGE (In year	S IF UNDER 1 Y	YEAR IF UNDER 24 HRS.
Female	White	WIDOWI			0 Aug 192	8	lost birthday)	111011111111111111111111111111111111111	ays Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired)	done 10b.	KIND OF BUSINESS	OR INDUSTRY			country)	12. CITIZE	EN OF WHAT COUNTRY
Clerk	irking life, even if refired)	'	Drug Sto	re	Tenn			U	JSA
13. FATHER'S NAME					4. MOTHER'S MAIDE	N NAME			
Clay (	Garland				Dels	ie Burk	e		
V	/ER IN U. S. ARMED FOR	prvice)	SOCIAL SECURITY NO					it.em #2	)
Conditions, if gave rise to couse (a), stating lying cause last	immediate DUE TO	)			T RELATED TO THE TE				(a) 19 WAS AUTOPSY
ICATI									PERFORMED? YES AND D
	VAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	OCCURRED. (I	inter nature of injury	in Part 1 or Pa	rt II of item 18.)		
20c. TIME OF INJU Hour o. m. p. m.	10	20d. In While at warl	NJURY OCCURRED	20e. PLACE factory	OF INJURY (Hame, f , street, affice bldg.,	orm, 20f. (Cit	y or tawn)	(Cou	unty) (State)
actual signature	that (attended the Nov 9  Ralph L. Mic	_, 125 lui	and that		Channin	ADDRESS (S Cente	m the causes itreet, city or town	and on the	st saw the deceased date stated abave PATE SIGNED 11-11-58
220. BURIAL, CREMATIC REMOVAL (Specify REMOVAL)	ON, 226. DATE THEREO		22c. NAME OF CEM	ETERY OR C	REMATORY		tion (City, town,		(State)
23. FUNERAL DIRECTOR M. R. Etc	r's signature chison & Son	ı, Fr	ADDRESS ederick, M	arylar	24a. R	NOV 1 REGIS		SISTRAR'S SIGN	

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-	· E		age 3 stands be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 10 2 should be filled with	e registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.
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A POI	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12492 CERTIFICATE OF DEATH  Reg. Dist. No. 12503
director	1. PLACE OF DEATH o. COUNTY Frederick  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick
hould be funeral	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  Brunswick  d. NAME OF HOSPITAL (If not in haspital, give street address)  c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  35 Brunswick  d. STREET ADDRESS  e. IS RESIDENCE
00 2	or institution 124 9th Avenue / 124 9th Avenue YES NO P
filled ges 1	3. NAME OF DECEASED   Corporation   Corporat
iletely fille	5. SEX  Male  6. COLOR OR RACE  7. MARRIED NEVER MARRIED   8. DATE OF BIRTH  Widowed Divorced June 8 1896  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.   Months   Days   Hours   Min.   Months   Days   Min.   Months   Min.   Months   Manths   Manth
on paper	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (State or foreign country) Ticket and report clerk B. &. O.R.R. Maryland  U.S.A.
ician o e carb s after	William L.Smith  William L.Smith  Alma L.Day
ng phys 72 hour	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yet. no. on one of the policy wor or dotal of service)  705-10-0523  Mrs. Frances Smith, Brunswick, Md.
signed by the atten sit permit. Then plee nd in any event with	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a).  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stoling the under-lying cause last.  (c)
ate hos beer e burial-tran r removal, a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PROPRIED TO CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTIONS CONTRIBUTION
this certific or use os th remation, a	20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 While of work of wo
pIRECTOR: After do de detached fourtrain prior to burial, co	21. I certify that lattended the deceased from J, 138, to 5, 19 mat! last saw the deceased alive on and that death accurred at 2 M, from the causes and an the date stated above.  ACTUAL SIGNATURE  PHYSICIAN'S J.G.F. Smith  Brunswick Maryland
to FUNER page 3 s the registrar	220. BURIAL, CREMATION, PRINCE PROPERTY OF CREMATORY ST. NAME OF CEMETERY OF CREMATORY POTENTIAL ST. NAME OF CEMETERY POTENTIAL ST. NAME OF CEMETERY POTEN
A15 (4) W 9/55	B. Lee Feste Brunswick, Maryland DATE NOV 1 0'58 College & King



12504

12487 **CERTIFICATE OF DEATH** 

	Reg. Dist. No.
DECIDENCE /Where decreed live	of 16 institution Davidsons had-

I. PLACE OF DEATH	rederick		MARY	LAND	2. USUAL RESIDENCE (VO. STATE	Where decease Marylan			ce before odi	
b. CITY OR TOWN RURAL and give Freder1	(If autside corporate limi negrest town) CK	its, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (I	If outside corpo Frederi		URAL ond	give nearest t	own)
d. NAME OF HOSP 26 WORLD A	ITAL (If not in hospitol, g				d. STREET ADDRESS 26 West	et All	Saints S	treet	01	RESIDENCE N A FARM? NO
3. NAME OF DECEASED (Type or print)	Fii WILI	IAM	Middle IGNAT		Lost SNOWDEN	4. DATE OF DEATH	Novem		21, <sup>Doy</sup>	19 <sup>58</sup>
5. SEX Male	6. COLOR OR RACE Colored	7. MARRI WIDOWE	DIVORCE		October 12,	1897	9. AGE (In years lost pirthdoy) yrs.	Months	Days Hou	NDER 24 HRS. ors Min.
10a. USUAL OCCUPAT during most of wo Minist	rking life, even if retired	done 10b. (	Church	R INDUST	Mary.	land	ountry)	12. CIT		SA
Unk	nown				Grace	May Sn				
15. WAS DECEASED EV	YER IN U. S. ARMED FOR	ervicel O	3-28-8247		FORMANT S. Bessie J	Snowd	len -Same		tem #2	
PART 1. DE 4.20.1  Canditians, if a gove rise to couse (o), stoting lying couse lost	the under-	3	y fert usent	en la	ion och	care	leo		3ks	L BETWEEN ND DEATH
ICATR					NOT RELATED TO THE TER			EN IN PAR	PEI	AS AUTOPSY REORMED?
	10	or 20d. IN	UURY OCCURRED  Not while	20e. PLA	(Enter noture of injury i CE OF INJURY (Home, fo ory, street, office bldg., e	orm, 20f. (City	LE BY	(0	County)	(Stote)
21. I certify talive on		decease , 195	ed from Nov.	death	p., 1958, to laccurred at 6:00  D. Profess:	OA M, from ADDRESS (SI	n the causes a treet, city or town, wilding	nd an th	last saw the date st	he deceased ated abave DATE SIGNED 23/1958
220. BURIAL, CREMATIC REMOVAL (Specify Burial	Nov.25.1		22c. NAME OF CEME				ION (City, town, o	r county)	Marv.	Stole)
23. FUNERAL DIRECTOR			ADDRESS		24a. RE	NOV 2 6	RAR 246. REGIS		NATURE Trans	

VS A15 (4) 15M 10/57

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VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12510

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DEATH  o. COUNTY	rederick		MARYL		o. STATE	ryla		lived. If institution b. COUNTY		leric		ion)
b. CITY OR TOWN (I RURAL ond give ne Libertytov		ts, write	c. LENGTH OF STAY IN	N 16				te limits, write Ri			est town	)
OR INSTITUTION	AL (If not in hospitol, of Church Hal	_	oddress)		d. STREET ADDI		Valley	Road		e.	IS RES	IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Fic NE	LLIE	MERCI	ER	SPURR	IER	4. DATE OF DEATH	Novem		Day 5,		reor 58
5. SEX Female	6. COLOR OR RACE	7. MARR	NEVER MARRIED  DIVORCED		DATE OF BIRTH	189	96	AGE (In years lost birthdoy) 62 yrs.	Months		F UNDE Hours	R 24 HRS. Min.
10o. USUAL OCCUPATION during most of work Housevilfe	ting life, even if refired	done 10b.	KIND OF BUSINESS OR At Home	INDUSTR		ryla		entry)	12. CI	USA		COUNTRY?
13. FATHER'S NAME	4. 185.26				14. MOTHER'S MA	NIDEN N	AME					
Wil	liam Mac R	oderi	ick		Clara	Mer	cer					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	DRMANT			Addr	ess	7		
No	No		None	Mr.	Sterlin	g E.	Spuri	rier, Sam	e as	Item	#2	
PART I. DEA  420,  Conditions, if all gove rise to it couse (0), sloting lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (c  DUE TO  ny, which   (b  mmediate   DUE TO  the under- (c)	7h	me for (o), (b), and (c).]  Through		ardio					ONSE 10	yes	DEATH
PART II. OTH									EN IN PAR		PERFO YES	RMED?
	MEDICAL EXAMINER)	200. DESC	CRIBE HOW INJURY OCC							138		
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	or 20d. In While of work	_ Not while_	0e. PLACE factor	OF INJURY IHom y, street, office blo	dg., etc.)				County)		(State)
21. I certify the alive on	at I attended the	decease _, 19.5	cu mum_ge_ge		ccurred at 8:  Walker	00P	_M, from DDRESS (Street	et, city or town,	nd an t	last sav	state	deceased above. TE SIGNED
(7,7-)	E. A. De									~~~~		
220. BURIAL, CREMATION REMOVAL (Specify)		10	MOUNT OF CEMET					ON (City, town, o	r county)	110	(Stote	
Burial 23. FUNERAL DIRECTOR'S		.958	Mount Oliv	vet C		PECIO	BY REGISTRA	derick,	TDAD'S SI		ryla	uid
		, Fre	ederick, Man	rylan		THOV			Lun S.			

23	T GROWITAS - STAATH TO THE			
	WARD 10.31	DI CELTRIC		
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			OCCUPATION OF THE PARTY OF THE	
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VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12488 **CERTIFICATE OF DEATH**

12506

Reg. Dist. No.

1, PLACE OF DEATH				2.	USUAL RESIDE	NCE (Whe	re deceased	lived. If instituti	on: Residen	ce befor	e admiss	sion)
o. COUNTY Free	derick		MARYL	AND	o. STATE Ma	rylan	d	b. COUNTY	Fred	erio	ek	
RURAL and give no		ts, write	c. LENGTH OF STAY I	N 1b				ote limits, write R	URAL ond	give nea	rest towr	n)
Frederic			45 years	1/		ederi	.ek					
OR INSTITUTION	At (If not in hospitol, g	ive street	oddress)	/	d. STREET AD		у Ара	rtments				FARM?
3. NAME OF DECEASED	HARVE		Middle	Cn	Lost		4. DATE OF	Mon		Day	,	Year
(Type or print)			ALPHEUS		CCKMAN		DEATH		ember			19 58
5. SEX	American Company of the Company of t		NEVER MARRIE		ATE OF BIRTH	- 00-		<ol> <li>AGE (In years lost, birthday)</li> </ol>	Months	Days	Hours	Min.
Male	White	WIDOW			Sept		=	15 yrs.		50,,	110013	, Milit.
during most of work  Retired-Se	ON (Give kind of work in hing life, even if retired Lf Employe			RINDUSTRY		yland		ountry)		IZEN O	F WHAT	COUNTRY?
13. FATHER'S NAME				14	. MOTHER'S A							
George Sto	ckman			Oller Co	Alice	Hare	ett					
15. WAS DECEASED EVE		CE5? 16.	SOCIAL SECURITY NO.	17. INFOR				204 W	resil 2+h	6+		
No No	If yes, give wor or dates of s	2.	16-22-2070	Mr. J	ohn W.	Stoc	kman,				,	
	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	, 71	he for (0), (b), and (c).]  Myscudes  activo Sele	el L	Pufous	4				ONS	72	
gove rise to in couse (o), stoting the lying couse lost.	he under-	)		roaco						/ 0		
5	Lacalysi		gitaus	TH BUT NOT	RELATED TO T	HE TERMIN	AL DISEASE	CONDITION GIV	EN IN PART	1(0)	PERFO	AUTOPSY PRMED?
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING A CAUSE OF BEATH MEDICAL EXAMINER)	20b. DES	RIBE HOW INJURY OC	CURRED. (En	iter nature of i	njury in Po	ert 1 or Part	II of item 18.)				
Y 20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	20d, It While at work	Not while	20e. PLACE ( factory,	OF INJURY (Ho street, office b	ome, form, oldg., etc.)	20f. (City	or town)	(0	ounty)		(Stote)
11	at I attended the	decease , 19 d	ed fram	death occ	7 N. 1	2:30P	M, from	the causes of the cause of the causes of the causes of the cause o	ind an th	ne dat	e state	ed abave. ATE SIGNED
PHYSICIAN'S H	. F. Kline	, м.	D.		Frede	rick,	Md.					
220. BURIAL, CREMATION REMOVAL (Specify) BUTIAL	11-29-58	F	St. Paul's					rson, Md			(Stote	e)
23. FUNERAL DIRECTOR'S M. R. Etc		n, Fr	ADDRESS rederick, Mo		2		BY REGISTI	RAR 24b. REGIS				

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		MARYLAND	STATE DEPARTM	ENT OF HEALTH—BALTIMO	ORE, 18
(M)		12489	CERTIFICA	ATE OF DEATH	Reg. Dist. No
	1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived.	If institution: Residence befo

1. PLACE OF DEATH a. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE b. COUNTY	e befare admission)
FREDERICK	וווווווווווווווווווווווווווווווווווווו	DERICK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporote limits, write RURAL and g	ive nearest town)
FREDERICK LIFE	11/ FREDERICK	
d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
PREDERICK MEMORIAL HOSPITAL	129 DILL AVENUE	ON A FARM? YES NO N
NAME OF / First Middle	-1 10/12 01/25 //0-/-	
DECEASED Dertrude Middle	Stone 4. DATE Manth OF DEATH 700.	Day Year // 19 5
SEXFEMALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		YEAR IF UNDER 24 HRS.
WHITE WIDOWED DIVORCED	Nov. 11, 1814 824 yrs.	
On. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITI	ZEN OF WHAT COUNTR
Domestic At Home	MARY LAND	11.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Charles W. Stone	Susam M. Ogle	
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
NO (11 yes No or or dates of service) 217-30-6113	Mrs. Julius F. Lochner-Same as It	em #2
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	+ 1 N = 11 - 1	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: Junter trush	Obstruction & Colostony	6 (LOY 8
153.8 DUE TO 0.	A. 4	7
Caretina it and which a Carety orange	of Creon	-
gave rise to immediate	4	
coese (o), stating the under-		
lying couse last. (c)	TALLAND TO THE TRANSPORT OF THE TRANSPOR	1 110 WAS AUTORS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	JI NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
arteno-setavar		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE  CONTRIBUTING OF CONTRIBUTING O	RED. (Enter nature of injury in Part I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work of wark	PLACE OF INJURY (Home, form, 20f. (City or tawn) (C	ounty) (State)
Hour o. m. While Not while	factory, street, affice bldg., etc.)	
21. I certify that I attended the deceased from. W.	6 , 19 5 K, to 200 . 11 , 19 4 8, that 1 1	ast saw the deceas
alive an WN. 11 , 19 18, and that dea	th accurred at 10 PM, from the causes and an th	e date stated above
1.1	ADDRESS (Street, city or town, stote)	DATE SIGN
SIGNATURE Frank Whorthurgh	40 Mister wowal dely - Frederick	and how. 11
SIGNATURE DE C		
PHYSICIAN'S Dr. Frank D. Worthington	Professional Building, Frederi	ck, Maryland
2a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, fawn, or county)	(State)
	et Cemetery Frederick,	Maryland
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		
M. R. Etchison & Son, Frederick, Mary		
m. n. Euchtson o bons riedericks mary	DATE	

The Day Star		CEMTIFICA	OF MIST
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	regions of the said of		
		Harris Co.	
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or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 haurs after deat

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VS. AISME 5M 2/57

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12512 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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2	1	O.	v	9/

			I	4	C	U	-
Reg.	Dist.	No.		-			

	1. PLACE OF DEATH To COUNTY Frederick MARYLAND	a. STATE Manufactured by COUNTY Description of STATE Manufactured
)	b. CITY OR TOWN (it outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS  on a Farm?  yes  no 20
	3. NAME OF DECEASED (Type or print) First Middle Henry	Trent DEATH Nor: 16 1958
	5. SEX SCOLOR OR RACE 7. MARRIED NEVER MARRIED 8 WIDOWED DIVORCED 1	12/3/ 1899   St. yrs. Months Days Hours Min.
-	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Tabor  73. FATHER'S NAME	Edison, Tenn. 12. CITIZEN OF WHAT COUNTRY?
_	Henry G. Trent	Rosa J. Burtchett
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. If (Yes, no, or unknown) (If yes, give war or dates of service) 120-09-8738	Geneldine Wills Cool R.D.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  OUE TO  Conditions, if any, which gove rise to immediate cause  [DUE TO]  DUE TO  DUE TO	hemorrhage mules
	couse last. (c) on pellins	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
2	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  200. EXTERNAL CAUSE WAS PRIMARY AD OF CONTRIBUTING   20b DESCRIBE HOW INJURY OCCURRED. (E	NO
)	3 20 TIME OF INITIRY Month Day Year 204 INITIRY OCCURRED 208 PLAN	CE OF INJURY (Home, form, 20f. (Cily or lown) (County) (Slote) ory, street, office bidg., etc.) Emillaburg Frederick Mid
	21. I certify that I took charge of the remains described about opinion death resulted from: Natural causes, Accident [	
	ACTUAL BOSTONICS	_M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
-	EXAMINER'S B. O. Thomas	ASSISTANT MEDICAL EXAMINER DEPUTY DEPUT
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	Ma
	Burial Nov. 19,1958 Mt. View	Emmitsburg, Frederick, Co.
	L. Listison Emmitsburg,	Md. DATENOV 1. 8 158 arthur S. Firsus
	S. L. Allison	

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VS A15 (4) 15M 9/55

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## CERTIFICATE OF DEATH

					Reg, DIST. 140.
1. PLACE OF DEATH o. COUNTY Fre	derick	MARYLAND	2. USUAL RESIDENCE (W o. STATE New Y	here deceased lived. If institution b. COUNTY	Nassau
b. CITY OR TOWN (If outs RURAL and give nearest		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write RUI	RAL and give nearest town)
Frederick		Days	Baldw	rin 6	9x-3
d. NAME OF HOSPITAL (IF OR INSTITUTION Frederick Mem			d. STREET ADDRESS  25 Winon	a Road	e. IS RESIDENCE ON A FARM? YES NO 1
3. NAME OF	First	Middle	Lost	4. DATE Month	
(Type or print)	Keith	3 OGER	4	DEATH Novembe	r 20, 1958
	79	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH May 20, 1893		F UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
100. USUAL OCCUPATION (G during most of working li Retired—Cont	ive kind of work done ife, even if retired)	06. KIND OF BUSINESS OR INDU		or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	,
Elton D.	Virts		Ella Vir	ginia Boger	
15. WAS DECEASED EVER IN (Yes. no. Nunknown)	U. S. ARMED FORCES?		rs. Clee Virt	Addres	
	Enter only one couse per AS CAUSED BY: SEDIATE CAUSE (o)	Perferated Duos	dinal Ulcer		INTERVAL BETWEEN
541,1 Conditions, if any, w	DUE TO	Peritionitis			1 Day
coese (o), stating the u		Hypertensise Ca	rdie Vascular	Disease	2 Years
PART II. OTHER SI	GNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	AUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II of item 18.)	
20c. TIME OF INJURY M Hour a. m. p. m.	w	d. INJURY OCCURRED 20e. PL nile Not while fo work ot work	ACE OF INJURY (Home, formation, street, office bldg., etc.)	n, 20f. (City or town)	(County) (Stote)
21. I certify that I	attended the dece	eased from MVV 2	3 , 1958, to 1	VN 20 1958	that I last saw the decease
alive an	-20 ,1	of , and that death	accurred at 11 3	PM, from the causes an	d an the date stated above
				ADDRESS (Street, city or town, ste	ole) DATE SIGNE
ACTUAL SIGNATURE	Zonne C	Show	M.D. 4w.	3rd st	11-20 00
PHYSICIAN'S NAME (Type)	Thoma	I E S	TONE	Frederick, Mary	land
220. BURIAL, CREMATION, 2 REMOVAL (Specify)	26. DATE THEREOF	22c. NAME OF CEMETERY O	OR CREMATORY	22d. LOCATION (City, town, or	county) (Stote)
Burial	Nov . 24 . 1958		ry	Loudon Count	
23. FUNERAL DIRECTOR'S SIG		ADDRESS			RAR'S SIGNATURE
M D Ttabi	sam P. Cam	Translandale Manne	Town Dage	NOV 2 6 '58 CA	Hung S. France

MORE DE LES		AVEAUD STATE DEPARTM		
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12491 CERTIFICATE OF DEATH

**CERTIFICATE OF DEATH** 

12511 Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY Frederick MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Through a residence before admission)					
	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	RURAL and give nearest town) Frederick  2 weeks	XRural Jefferson					
1	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?					
1	Frederick Memorial Hospital  3. NAME OF First Middle	YES NO					
	3. NAME OF DECEASED (Type or print) ROGEYS V.	Wiles A. DATE Month Day Year OF DEATH // 6 1958					
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED						
	male white widowed Divorced	3/28/1906 52 yrs.					
)	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) bldg. constructions of the construction of the constru						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	George P. Wiles	Fannie Babbington					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no. or unknown)   (If yes, give wor or dates of service)   214-16-6586   Mrs. Dora Wiles, Jefferson, Md.						
	IB. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Canditions, if ony, which gove rise to immediate carse (o), stating the under-lying cause last.  (c)	f the myseardium INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH					
)	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES 20 NO						
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part 1 or Part II of item 18.)					
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while of work 19 of work 19	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)					
	21. I certify that lattended the deceased fram. 10/2 alive on 11/5 1258 and that de ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) He 17 My /, Chase	3., 1958, ta. 11/6, 1958, that I last saw the deceased at accoursed at 3. A. M., fram the causes and an the date stated above.  ADDRESS (Street, city or town, state)  M.D. 4 E Church S + 11/6/5-8  Frederick Md.					
	22a. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETER	Y OR CREMATORY 22d. LOCATION (City, town, or caunty) (State)					
	burial 11/9/1958 Harmony	Cemetery Frederick Co., Md.					
	23. FUNERAL DIRECTOR'S SIGNATURE  Gladhill Company, Middletown,	Md. DATE 1 2 158 246. REGISTRAR'S SIGNATURE Outland 8. Thomas					

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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